Emotional Regulation Training Improves Psychological Well-Being and Marital Happiness Among Young Married Couples

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ABSTRACT: Early marriage in Indonesia remains high and is often accompanied by psychological vulnerabilities, particularly in emotional management and marital relationship quality. Emotional immaturity in young couples can trigger conflict, reduce psychological well-being, and hinder marital happiness. Therefore, interventions are needed that are not only psychologically based but also sensitive to the local cultural context. Grounded in Gross's process model and integrated with local cultural values, the intervention aimed to enhance psychological well-being and marital happiness. Sixty participants (30 couples) in West Sulawesi were randomly assigned to an 8-session intervention group (n=30) or an active control group receiving standard health education (n=30). Pre- and post-test assessments using the Emotion Regulation Questionnaire, Ryff's Psychological Well-Being Scale, and the Marital Happiness Scale revealed that the intervention group demonstrated significantly greater improvements in emotion regulation ($F(1,58)=25.34$, $p<.001$, $\eta p^2=.30$), psychological well-being ($F(1,58)=18.92$, $p<.001$, $\eta p^2=.25$), and marital happiness ($F(1,58)=22.15$, $p<.001$, $\eta p^2=.28$) compared to controls. Qualitative findings further revealed enhanced emotional awareness and improved dyadic communication. Results support the intervention as an effective clinical-positive psychology model for enhancing mental health and relational well-being in young couples, with significant implications for culturally informed public mental health initiatives in Indonesia.

INTRODUCTION

Early marriage, defined as a union where at least one spouse is below the age of 18, remains prevalent in Indonesia despite legal reforms aimed at curbing the practice (UNICEF, 2023). The country has one of the highest numbers of child brides in Southeast Asia, with profound implications for adolescents' health, education, and economic prospects (Badan Pusat Statistik Provinsi Lampung, 2024). From a psychological standpoint, adolescents who enter marriage are often developmentally unprepared for the associated responsibilities, leading to heightened vulnerability to mental health problems (Gage, 2013).

The transition into marital roles during a period typically dedicated to identity formation can create significant psychological strain Erikson (1968). A core psychological challenge in this context

is emotional dysregulation. According to Gross's (Gross, 1998) process model, emotion regulation involves the conscious and non-conscious strategies used to influence which emotions we have, when we have them, and how we experience and express them. Difficulties in emotion regulation are a transdiagnostic feature of many mental health disorders (Aldao et al., 2010) and are linked to poorer relationship satisfaction (Bloch et al., 2014). For young couples, the inability to manage intense negative emotions can escalate conflicts and undermine the foundation of the marriage (Iruarrizaga et al., 2025).

While the problems are clear, evidence-based solutions are scarce. Most research on early marriage in Indonesia has focused on its demographic, health, and socioeconomic determinants (Novianti et al., 2025), with a notable lack of controlled intervention studies targeting psychological well-being. Furthermore, psychological interventions are most effective when they are culturally congruent, resonating with the local values and worldviews of the target population (Bernal et al., 2009). In West Sulawesi, the cultural context is deeply influenced by Bugis-Makassar traditions, particularly the concept of *siri'* (shame, honor, dignity), which governs social conduct and interpersonal relationships (Upe et al., 2025). An intervention that fails to incorporate such a pivotal cultural construct risks being perceived as irrelevant or alien.

This study is firmly grounded in Gross's (2015) extended process model of emotion regulation, which provides a comprehensive framework for identifying targets for intervention. We specifically targeted the strategy of cognitive reappraisal, changing how one thinks about a situation to alter its emotional impact due to its strong associations with psychological health and relationship satisfaction (Gross & John, 2003). We integrated this scientific framework with the indigenous value of *siri'*, framing emotion regulation not just as a personal skill but as a means to uphold family honor and maintain social harmony.

The rationale for this research stems from the need for psychological interventions that focus not only on improving individual skills but also on local social and cultural contexts. A culture-based approach is believed to increase the effectiveness of interventions because it aligns with the values, norms, and meaning systems prevalent within the community. In the West Sulawesi context, cultural values such as *siri'* (self-respect, honor, and dignity) play a crucial role in regulating interpersonal behaviour and social relationships, including within marriage. Therefore, integrating scientific approaches (such as the emotion regulation model) with local cultural values is a potential strategy for generating more meaningful and sustainable change.

However, a significant research gap remains. Most studies on early marriage in Indonesia still focus on demographics, reproductive health, and socioeconomic factors, while research examining evidence-based psychological interventions, particularly those using experimental designs such as randomized controlled trials (RCTs), remains very limited. Furthermore, existing interventions generally do not systematically integrate local cultural dimensions as a core component of program design. Without considering cultural context, interventions risk being less relevant and less effective in implementation.

Based on these gaps, this study aims to develop and test the effectiveness of a culturally tailored emotion regulation intervention in improving emotion regulation, psychological well-being, and marital happiness in young couples. This study also offers a mixed-methods approach to gain a more comprehensive understanding of the intervention's impact, both quantitatively and qualitatively. Thus, this study is expected to provide theoretical contributions to the development of culturally based positive clinical psychology and practical contributions to the development of community mental health programs in Indonesia.

METHODS

Design

This study employed a randomized controlled trial (RCT) with a pretest-posttest control group design. This design is considered the gold standard for establishing causal efficacy in clinical intervention (Skvarc & Fuller-Tyszkiewicz, 2024). Participants were randomly assigned to either the intervention group, which received the 8-session culturally-adapted emotion regulation training, or the control group, which received an equivalent number of sessions on standard reproductive health education. Assessments were conducted at two time points: baseline (pre-test, one week before intervention) and immediately after the intervention concluded (post-test). The use of an active control group helps control for non-specific effects such as attention from facilitators and group participation, thereby strengthening internal validity.

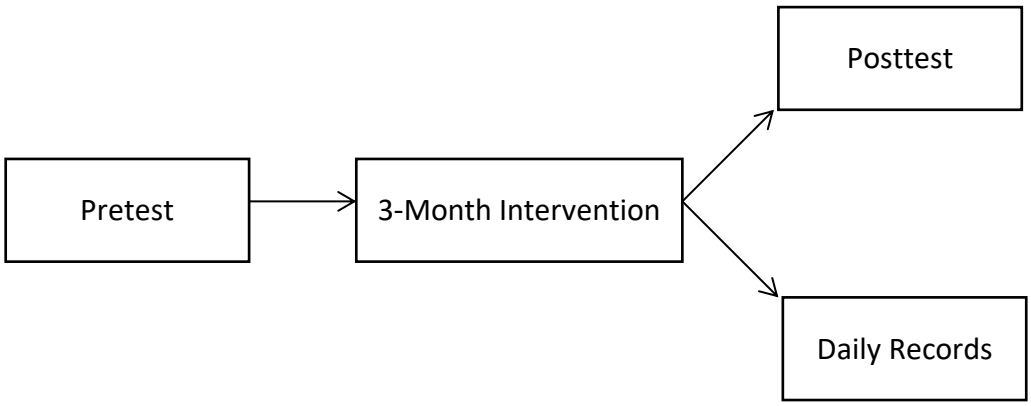

Figure 1. Research Framework

Participants and Procedure

A total of 60 participants, comprising 30 married couples, were recruited from three sub-districts in Majene Regency, West Sulawesi: Banggae, Sendana, and Malunda. The sample size was determined a priori using GPower software for a mixed ANOVA, with an assumed medium-to-large effect size (f = 0.25), alpha (α) = .05, power (1-β) = .80, resulting in a required total sample size of N=54. We recruited 60 participants to account for potential attrition.

Table 1. Inclusion and Exclusion Criteria of Participants

No.	Criteria Type	Description
1	Inclusion	Aged between 15 and 21 years
2	Inclusion	Married for a duration of 6 months to 3 years
3	Inclusion	Living with their spouse in Majene Regency
4	Inclusion	Willing to provide informed consent and commit to the full intervention schedule
5	Exclusion	Presence of active psychotic symptoms based on initial clinical interview screening according to DSM-5 criteria
6	Exclusion	Severe cognitive or physical impairments that hinder participation
7	Exclusion	Currently participating in another structured psychological intervention

Participants were recruited through a multi-stage process. First, we collaborated with local community health centers and village officials to identify potential eligible couples. Subsequently, we used purposive and snowball sampling to reach this often hard-to-access population. Eligible individuals who expressed interest were provided with detailed information about the study. Informed consent was obtained from all participants. For those under 17 years of age, additional informed consent was obtained from their parents or legal guardians.

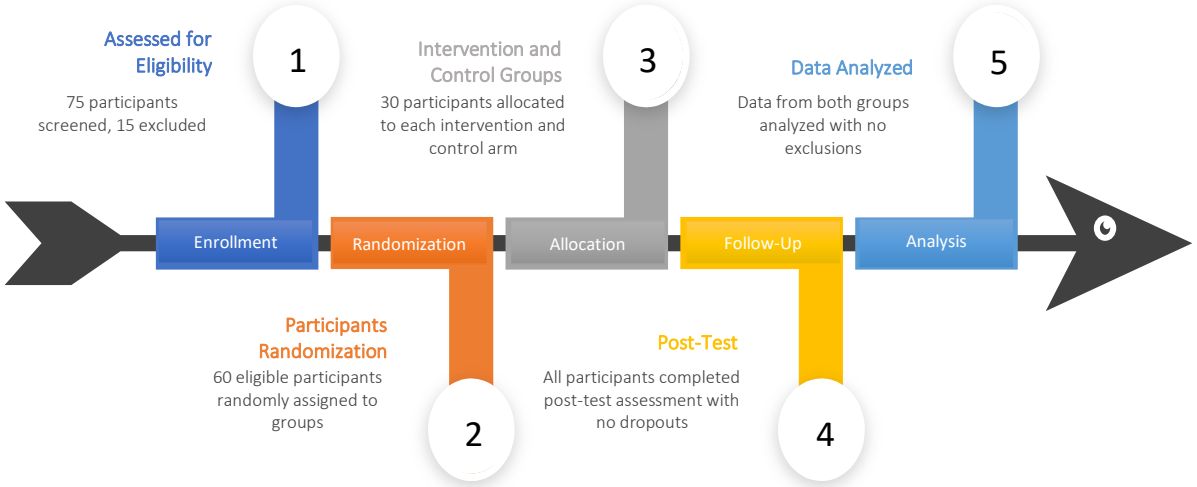

Figure 2. Participant CONSORT Flow Diagram

Procedure

The procedure unfolded in several structured phases, as shown in Figure 2. Preparation and Recruitment (Weeks 1-4): The research team finalized the intervention manual, trained the facilitators, and partnered with local communities. Recruitment was conducted as described above. Baseline Assessment (Pre-Test, Week 5): All 60 participants completed the quantitative measures (ERQ, PWBS, and MHS) in a group format at local community halls. A subset of 15 intervention group participants was randomly selected for in-depth qualitative interviews.

Randomization (Week 5): After the baseline assessment, the 60 participants were randomly assigned to the intervention group or the control group. An independent statistician performed randomization using a computer-generated random number sequence. Allocation was concealed in sequentially numbered, opaque, sealed envelopes. Intervention Phase (Weeks 6–13): The intervention group participated in eight weekly sessions, each lasting 90–120 minutes. The control group participated in eight weekly sessions on standard reproductive health topics (e.g., maternal health, family planning, and nutrition), which were delivered by trained health cadres and were of equal duration. This controlled for the effects of time, attention, and group interaction. Post-intervention assessment (posttest, week 14): All participants completed the quantitative measures again. A subset of 15 intervention participants was re-interviewed to capture their experiences and perceived changes.

Intervention

The intervention, titled Program *"Penguatan Keluarga Sakinah Melalui Regulasi Emosi"* (Family Strength Program through Emotion Regulation), was an 8-session manualized program developed by integrating the Process Model of emotion regulation (Gross, 2015) with the cultural values of *siri'*. The sessions were delivered by facilitators trained in clinical psychology and counseling in a group format consisting of 5–6 couples per group, under the supervision of the principal investigator. The program began by establishing group cohesion and providing psychoeducation on the impact of early marriage on emotional development, while introducing emotion regulation as a key skill framed within the cultural importance of maintaining *siri'* (honor) through emotional composure. Participants were then guided to cultivate emotional awareness by identifying, labeling, and understanding the physiological, cognitive, and behavioral components of their emotions, supported by mindfulness-based exercises to foster present-moment, non-judgmental awareness. Building on this foundation, the intervention introduced the cognitive model

to illustrate the relationship between thoughts, emotions, and behaviors, followed by training in cognitive reappraisal techniques that enabled participants to reinterpret emotionally charged situations more adaptively using culturally relevant scenarios.

Subsequent sessions focused on managing emotional expression through adaptive response modulation strategies, including understanding the functional use of expressive suppression and other techniques to regulate emotional intensity in ways that support relational harmony. The program further emphasized the development of empathy and compassion by incorporating culturally grounded values of solidarity, with role-playing exercises to enhance perspective-taking in conflict situations. These skills were then applied in sessions on constructive communication and conflict resolution, where participants practiced “I-statements,” active listening, and collaborative problem-solving to reduce conflict escalation and strengthen intimacy. The final session consolidated all learned skills, supported participants in developing relapse prevention plans, and encouraged reflection on progress, reinforcing the shared goal of building a tranquil and harmonious family. In contrast, the control group received sessions on prenatal care, child immunization, balanced nutrition, and family planning, delivered in an educational and non-therapeutic format.

Measures

Emotion Regulation Questionnaire

The ERQ is a 10-item self-report measure that assesses two core emotion regulation strategies: Cognitive reappraisal (six items, e.g., "I control my emotions by changing the way I think about the situation I'm in") and expressive suppression (four items, e.g., "I keep my emotions to myself"). Items are rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). We used the validated Indonesian version (Radde et al., 2021), which demonstrated good internal consistency in our sample (Cognitive Reappraisal $\alpha = .85$; Expressive Suppression $\alpha = .79$) (Gross & John, 2003).

Psychological Well-Being Scale

The PWBS is an 18-item scale that measures six dimensions of eudaimonic well-being: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. Items are rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The Indonesian adaptation by Prihartanti et al. (2017) was used in this study, showing excellent reliability (total $\alpha = .91$) (Ryff, 1989).

Marital Happiness Scale (MHS)

As there was no standardized marital happiness scale available in Indonesia, a 15-item scale was developed based on concepts from the Marital Satisfaction Scale as well as qualitative input from local couples. The scale assesses satisfaction in areas such as communication, conflict resolution, affection, and shared values. Items are rated on a 5-point Likert scale (1 = very unhappy to 5 = very happy). The scale demonstrated high internal consistency ($\alpha = .89$) and good content validity, as determined by expert panels.

Qualitative Interview Guide

A semi-structured interview guide was developed to explore the subjective experiences of participants. Key questions included: *"Can you describe a recent situation with your spouse in which you handled your emotions differently than you would have before the training?" and "Has anything changed in your relationship since participating in this program?"*.

Data Analysis

All quantitative analyses were conducted using SPSS version 26.0. Preliminary analyses included checks for normality and homogeneity of variance, as well as baseline equivalence between groups, using independent samples t-tests and chi-square tests. The primary analysis to test the efficacy of the intervention was a mixed analysis of variance (Mixed ANOVA) with two factors: time (pre-test vs. post-test) and group (intervention vs. control). This analysis was performed for each of the three primary outcome variables: ERQ Total, PWBS Total, and MHS Total. A significant time-by-group interaction effect would indicate that the change over time differed between the two groups, supporting the intervention's effect. Partial eta squared (η_p^2) was reported as the measure of effect size, with values of .01, .06, and .14 considered small, medium, and large, respectively (Casey et al., 2019).

The in-depth interviews were audio-recorded, transcribed verbatim, and translated into English for analysis. Thematic analysis, following the six-phase approach outlined by Braun and Clarke (Braun et al., 2014), was employed. This involved (1) familiarizing oneself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Analysis was conducted inductively, allowing themes to emerge from the data, and was managed using NVivo 12 software.

RESULTS AND DISCUSSION

Results

Preliminary Analyses

All 60 participants completed both the pre-test and post-test, resulting in no attrition. Checks for normality (Shapiro-Wilk test) and homogeneity of variance (Levene's test) yielded satisfactory results. Independent samples t-tests confirmed successful randomization by showing no significant differences between the intervention and control groups on any of the demographic variables (age, duration of marriage, education level, income) or on any of the pre-test outcome measures (ERQ, PWBS, MHS; all $p > .05$).

Primary Quantitative Outcomes

The results of the mixed ANOVA for each outcome variable are presented below. In all cases, the main effect of time was significant, reflecting general changes from the pre- to post-test period for both groups. However, the critical time x group interaction effect was also significant for all measures, confirming that the intervention group improved significantly more than the control group.

Table 2. Comparison of Pre-test and Post-test Scores Between Intervention and Control Groups

Variable	Group	Pre-test (M ± SD)	Post-test (M ± SD)	F (1,58)	p	ηp^2
Emotion Regulation (ERQ)	Intervention	48.23 ± 5.10	57.80 ± 4.95	25.34	< .001	.30
	Control	47.87 ± 4.88	49.13 ± 5.02			
Psychological Well-being (PWBS)	Intervention	65.33 ± 8.45	78.87 ± 7.21	18.92	< .001	.25
	Control	64.80 ± 8.90	66.20 ± 8.55			
Marital Happiness (MHS)	Intervention	52.37 ± 6.12	68.70 ± 5.88	22.15	< .001	.28
	Control	53.10 ± 6.45	54.93 ± 6.30			

Table 2 shows that the intervention group experienced significant improvements in all variables compared to the control group. On the emotion regulation variable, the intervention group's scores increased substantially compared to minimal changes in the control group. A similar

pattern was observed for the psychological well-being and marital happiness variables, where the intervention group showed significantly greater improvements.

Qualitative Findings

A thematic analysis of post-intervention interviews with 15 intervention group participants yielded four overarching themes that illuminated the quantitative findings and provided a rich contextual understanding.

Theme 1. The Awakening of Metacognitive Awareness.

Nearly all interviewees reported a foundational change: a newfound ability to observe their own emotional processes. Participants described transitioning from a reactive, impulsive state to one of mindful observation. They learned to identify bodily sensations and cognitive patterns that signaled rising distress, creating a crucial "pause" between trigger and response. This metacognitive skill is a core element of many modern psychotherapies, such as dialectical behavior therapy (Straathof, 2021). Illustrative quote (AS, female, 18):

> *"…Before, when we argued, I would just scream or leave. Now, I can feel it coming—my chest gets tight, and my thoughts start racing. That's my signal to stop, breathe, and remember what we learned. It's like I became the observer of my own anger…"*

Theme 2. Cultural Values as a Motivational Engine for Change

The integration of *siri'* was repeatedly cited as a powerful motivator. Participants learned not only skills for personal distress tolerance, but also how to frame emotion regulation as a means of upholding family honor (*siri'*) and acting with compassionate solidarity toward their spouse. This cultural framing provided a deeply meaningful "why" that enhanced engagement beyond what a standard, skill-based program might achieve. Illustrative quote (MR, male, 20):

> *"…Using deep breathing isn't just for me. I do it because I would feel siri' if I acted like a hothead in front of my wife's family. When I remember pacce, I try to understand why she is upset instead of getting angry back. It makes me a better husband…"*

Theme 3. The Emergence of a Shared "We" Identity.

A prominent theme was the shift from individualistic coping to a collaborative, partnership-oriented approach. Participants' language evolved from focusing on individual needs ("I," "my") to collective goals ("we," "our"). This shift was reflected in their descriptions of conflict resolution, where problems were increasingly framed as shared challenges to be solved together rather than battles to be won. Illustrative quote (DN, female, 17):

> *"…It's not 'my problem' or 'his problem' anymore. It's our problem.' We sit down and ask, 'How can we fix this together?' We even have a code word now, in case one of us gets too emotional, so we can take a break and come back…"*

Discussion

This randomized controlled trial provides robust evidence that a culturally adapted emotion regulation intervention significantly improves the psychological well-being and marital happiness of young married couples in West Sulawesi, Indonesia. Large, statistically significant interaction effects were observed across all primary outcome measures. Rich qualitative testimony corroborates these effects and affirms that the intervention group improved substantially more than the active control group. This discussion interprets the findings within the frameworks of clinical and positive

psychology, explores the pivotal role of cultural adaptation, acknowledges limitations, and outlines broader implications.

Integrative Clinical-Positive Framework: Beyond Symptom Reduction

Significant improvements in emotion regulation (ERQ) and psychological well-being (PWBS) demonstrate the successful synergy of a dual-axis intervention model. Reducing emotional dysregulation, a well-established transdiagnostic risk factor for internalizing and externalizing disorders (Aldao et al., 2010; Sloan et al., 2017), addresses a core deficit commonly found in clinical populations. This aligns with the primary aim of clinical science, which is to alleviate suffering and impairing symptoms. Concurrently, the substantial increase in eudaimonic well-being, especially in areas such as positive relationships with others, personal growth, and purpose in life (Ryff, 2014), indicates a shift from mere remediation to active flourishing.

A dual focus is essential because interventions that target only symptom reduction may leave individuals in a state of "empty remission." These individuals are devoid of psychological resources and vulnerable to relapse (Fava & Tomba, 2009). In contrast, building positive psychological capital (hope, efficacy, resilience, and optimism) creates a buffer against future stressors and promotes sustained well-being (Luthans, 2025). For young couples navigating the unique developmental and social pressures of early marriage, this strength-based approach is essential, not merely additive. It empowers them to proactively build a resilient marital foundation rather than simply reactively managing crises. The qualitative theme of "cultivation of positive relational dynamics," in which participants reported intentionally practicing gratitude and fostering optimism, powerfully exemplifies the shift from a deficit-focused to a growth-oriented mindset—a key tenet of contemporary positive clinical psychology (Wood & Tarrier, 2010).

Cultural Adaptation as a Mechanism of Engagement and Efficacy

The qualitative findings unequivocally demonstrate that cultural adaptation was a core, active ingredient, not a superficial addition. The theme "Cultural Values as a Motivational Engine" shows how *siri'* were internalized, turning evidence-based skills into actions that are both culturally relevant and morally compelling. These findings strongly support the cultural accommodation model, which posits that evidence-based treatments (EBTs) should be modified to align with the cultural values, beliefs, and contexts of a specific population (Castro et al., 2010; Domenech Rodríguez & Bernal, 2012). Our intervention achieved deep-structure adaptation by integrating local philosophical concepts into the therapeutic rationale and exercises. For example, cognitive reappraisal was not only framed as a cognitive technique, but also as a practice to maintain family *siri'* by choosing thoughtful responses over impulsive reactions. Similarly, empathy training was grounded in the value of compassionate solidarity. This approach likely enhanced treatment credibility, participant engagement, and skill generalization factors consistently linked to better therapeutic outcomes (Wampold, 2015).

Our approach challenges the "etic" assumption that Western-originated psychological constructs and interventions can be applied universally without significant contextual modification. Instead, it exemplifies a "cultural humility" approach, in which clinicians view local cultural knowledge as an essential resource for effective practice (Mosher et al., 2017). This is particularly relevant in Indonesia's diverse archipelagic context, where mental health interventions must be sensitive to the needs of its many ethnic groups.

Systemic Change: Transitioning from "Me vs. You" to "Us vs. the Problem."

A profoundly significant finding was the emergence of a "shared 'we' identity." Although Indonesia is generally considered a collectivist culture, the pressures of early marriage—including financial strain, parental interference, and unmet developmental needs—often undermine this

collectivism, causing couples to engage in adversarial, self-focused conflicts. The intervention successfully facilitated a reorientation toward a collectivist mindset intentionally reconstructed around the marital dyad as the primary unit of solidarity. The creation of a strong "couple identity" is a well-documented predictor of marital satisfaction, stability, and effective conflict management (Christensen & Heavey, 1999; Kayser et al., 2007). The observed linguistic shift from first-person singular ("I," "my") to first-person plural ("we," "our") in participant narratives is a tangible marker of this cognitive and emotional restructuring. This suggests that the intervention worked on the intrapersonal (individual emotion regulation), interpersonal, and systemic levels, strengthening the boundaries and collaborative functioning of the marital subsystem. From a family systems perspective, this shift reduces cross-generational triangulation and fosters a more cohesive executive subsystem, which is crucial for healthy family functioning (Minuchin, 2018). This systemic impact is a major advantage of dyadic or group-based interventions over individual therapy for relational problems.

Addressing the Specific Vulnerabilities of Early Marriage

The intervention's success must also be understood in the context of the specific vulnerabilities associated with early marriage. Research indicates that adolescents who marry early often face social isolation, limited autonomy, and heightened risk of intimate partner violence (John et al., 2019; McDougal et al., 2018). By providing a safe, supportive group environment and teaching assertive communication and emotion regulation, the intervention directly targeted these vulnerabilities. The peer-support network that organically developed among participants, as noted qualitatively, served as a powerful antidote to social isolation, providing validation, normalized experiences, and practical advice. This horizontal support system can be particularly empowering in contexts where vertical support from older family members may be entangled with the pressures that led to the early marriage itself. Furthermore, enhancing emotion regulation skills is a key component in violence prevention, as poor impulse control and inability to manage anger are significant risk factors for partner aggression (Yuan et al., 2025).

Implications

The findings of this study have significant implications at multiple levels. For clinical practice, this study provides mental health professionals in Indonesia and similar contexts with a validated, manualized intervention that can be directly adopted or adapted, while emphasizing that effective therapeutic work requires a deep understanding of clients' cultural worldviews and the ability to integrate local values and idioms beyond generic protocols. From a public mental health perspective, the intervention offers a scalable model for government agencies and NGOs to support young couples, particularly through integration into existing community-based programs such as Family Learning Centers (PUSPAGA), as well as through the training of community health workers and religious leaders to enhance reach and sustainability within trusted social structures. At the policy level, the findings present a strong evidence base for policymakers to advocate for and allocate funding toward mental health programs targeting young married populations, underscoring the importance of not only preventing early marriage but also providing mandatory, evidence-based support for those already in such unions, with dedicated investment in life skills and mental health initiatives as a strategic step toward achieving SDG 3 (Good Health and Well-Being).

Limitations and Recommendations for Future Research

Although this study employed a robust randomized controlled trial design, several limitations are noteworthy. First, the limited geographic coverage of Majene Regency limits the generalizability of the findings to other, more diverse cultural contexts in Indonesia. Second, the lack of long-term follow-up measurements makes it impossible to ascertain the sustainability of the intervention's

effects. Third, the use of self-report-based instruments has the potential to introduce social desirability bias, despite the addition of qualitative data. Fourth, the study design did not specifically compare the effectiveness of the culture-based intervention with standard non-cultural interventions, so the unique contribution of cultural value integration could not be measured separately. Therefore, future research is recommended to conduct multi-site studies across various cultural regions in Indonesia, incorporate longitudinal designs to test the sustainability of the intervention's impact, and utilize more diverse measurement methods, such as behavioural observation or partner reports. Furthermore, future studies should examine the mediating mechanisms of change, explore more flexible intervention formats (e.g., digital-based), and develop community-based implementation models to enable broader and more sustainable implementation of this intervention.

CONCLUSION

This study demonstrates that a culturally adapted emotion regulation intervention is an effective approach to improving emotion regulation, psychological well-being, and marital happiness among young couples. Using a randomized controlled trial design, the quantitative findings reveal significant improvements in the intervention group compared to the control group, which are further supported by qualitative results indicating enhanced emotional awareness, improved communication, and a shift toward more collaborative relational dynamics. The integration of the emotion regulation process model with the local cultural value of *siri'* not only increased the relevance of the intervention but also strengthened participant engagement and the meaningfulness of change. Overall, this study highlights the importance of culturally grounded psychological interventions and offers a replicable model for promoting relational and mental well-being among young married populations in Indonesia and similar contexts.

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AUTHOR CONTRIBUTIONS STATEMENT

Okky Naomi Sahupala: Conceptualization, Methodology, Formal Analysis, Investigation, Resources, Data Curation, Writing - Original Draft, Writing - Review & Editing, Project Administration, Funding Acquisition.

Muhammad Jawneh: Validation, Formal Analysis, Writing - Original Draft, Writing - Review & Editing, Visualization.

Asma Arshad: Methodology, Validation, Writing - Review & Editing, Resources.

Masnaeni Ahmad: Investigation, Resources, Writing - Review & Editing, Supervision.

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