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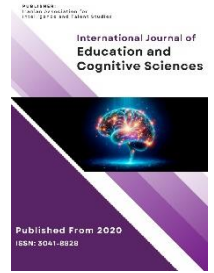
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## Investigating the Mediating Role of Resilience in the Relationship Between Cognitive Emotion Regulation and the Quality of Life of Young Couples

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### ABSTRACT

**Purpose:** Research indicates that resilience is considered an important factor among several at-risk groups and plays a crucial mediating role in the manifestation of numerous psychological disorders. The present study aims to investigate the mediating role of resilience in the relationship between cognitive emotion regulation and the quality of life of young couples.

**Methodology:** The research method was correlational. The study population included all married students at Shahrood Islamic Azad University, with 45 couples selected through convenience sampling. Subsequently, participants completed the Connor-Davidson Resilience Scale (2003), the Garnefski, Kraaij, and Spinhoven Cognitive Emotion Regulation Questionnaire (2001), and the World Health Organization Quality of Life questionnaire (1996). Data were analyzed using Pearson correlation coefficient and multiple regression statistical methods.

**Findings:** The findings of this study indicate that cognitive emotion regulation and quality of life are significant positive predictors of resilience. Resilience plays a significant mediating role in the relationship between cognitive emotion regulation and the quality of life of couples.

**Conclusion:** Given the results, it can be said that the strategies couples employ to regulate their emotions can be a very important factor in determining their resilience, which in turn enhances the quality of life. Strengthening positive cognitive emotion regulation strategies can be considered as a goal for the foundation of resilience interventions and educational programs.

**Keywords:** Resilience, Cognitive Emotion Regulation, Quality of Life, Young Couples.

## 1. Introduction

The family is the first social unit and the most fundamental foundation of societies, where individuals of each society grow and develop within its framework and enter society through it. Families are formed on the basis of marriage (Parsakia & Darbani, 2022). The physical, emotional, and mental health of individuals in society depends on the health of marital relationships and the continuation and survival of marriage. One of the factors predicting the health of the family and marital relationships is the quality of life. In recent decades, quality of life has been recognized as one of the important components of health and is one of the fundamental concepts in positive psychology (Valente et al., 2023). Quality of life is one of the significant outcomes in health assessments (Sadeghi et al., 2021). It is defined as the result of the interaction between individuals' personalities and the continuity of life events that affects the entire set of life domains (Hedayati et al., 2021). The World Health Organization defines quality of life as an individual's perception of their position in life, in the context of the culture and value systems in which they live, in relation to their goals, expectations, standards, and concerns (Fatollahzadeh et al., 2018).

One of the psychological factors that play an effective role in quality of life is emotion. Emotions play an important role in various aspects of life, such as adapting to life changes and stressful events. Emotion regulation is also considered a fundamental principle in the initiation, evaluation, and organization of adaptive behavior, as well as in preventing negative emotions and maladaptive behaviors (Babaei et al., 2020). Emotion regulation in couples is dual, meaning that the goal of regulation in emotions may be both negative and positive (reducing negative emotions and increasing positive ones) (Regas, 2019). Numerous studies have indicated that adequate emotion regulation is associated with appropriate performance in cognitive and behavioral tasks, leading to improved adaptation and well-being in daily life (Abdolmohamadi & Ghadiri, 2023; Anwar et al., 2022; Arató et al., 2022; Azara et al., 2022; Dabirinejad et al., 2023; Duru & Balkis, 2022; Eker & Taş, 2022; Hashem et al., 2023; Hosseini et al., 2023; Masoumi et al., 2022; Monemi & Zeinali, 2022; Nasirpour & Sadeghikia, 2022; Pan & Yang, 2023; Pozza et al., 2021; Ragusa et al., 2023; Rastgoo et al., 2023; Salehi et al., 2021; Soleymany & Sarifi, 2023; Sorgi et al., 2021; Sorkhabi Abdolmaleki et al., 2021; Towsyfyfan et al., 2021). In the relationship between emotion regulation and cognitive

factors, research results reported that when individuals experience events that cause intense emotional arousal, they use cognitive strategies to regulate and change the intensity of emotion, which are termed cognitive emotion regulation strategies (Hosseini et al., 2023). Cognitive emotion regulation refers to the cognitive management and manipulation of information that evokes emotion (Zafari & Khademi Ashkzari, 2020).

Garnefski, Kraaij, and Spinhoven (2001) introduced nine adaptive and maladaptive cognitive emotion regulation strategies. Adaptive strategies include: acceptance, positive refocusing, refocusing on planning, positive reappraisal, and adoption of perspective; maladaptive strategies include: self-blame, blaming others, rumination, and catastrophizing. Recent research has found that problems in emotion regulation can lead to the emergence of many problematic behaviors and psychological disorders that can affect quality of life (Garnefski et al., 2001). Studies showed that the strategy focusing on thinking has a positive correlation with patients' internal disorders and their low quality of life, but the catastrophizing strategy is more correlated with internal disorders of the patient than with low quality of life. Further studies confirm the gender difference and slight difference between men and women in emotion regulation, with men being weaker in this area compared to women. However, a review of literature highlights that maladaptive emotion regulation strategies affect the relationship between all personality dimensions, except for the openness dimension and quality of life, and adaptive emotion regulation strategies only have a moderating role in the relationship between extraversion and agreeableness with quality of life. Moreover, it is confirmed that there is a relationship between cognitive emotion regulation strategies and quality of life (Abbasi et al., 2020; Ashori & Najafi, 2020; Hosseini et al., 2023).

The type of cognitive emotion regulation strategy is an effective factor on the level of mental health and resilience of individuals (Azara et al., 2022). Resilience is one of the variables of interest to positive psychologists, which is often defined as the capacity for recovery after challenges (Sharifian, 2023; Xu, 2023). Individual resilience refers to the capabilities, capacity, hope, and strength of an individual as a shield against family problems and stresses (Monika et al., 2023). Research indicates that individuals with high resilience maintain their psychological health in stressful situations and adverse conditions. Further studies reported that there is a significant relationship between resilience and mental health. Moreover, many believe that since stressful

events are inherently very emotional, individuals' ability to regulate their emotions can be a very important factor in determining their resilience (Abedini & Joibari, 2023; Basouli & Jabbari, 2021; Bozdogan Yesilot, 2021; Fung et al., 2021; Mehdiqholi et al., 2022). Therefore, inspired by theoretical foundations and evident research, the present study aims to investigate the mediating role of resilience in the relationship between cognitive emotion regulation and the quality of life of young couples.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study was conducted using a descriptive-correlational method. The research population included all married students of Shahroud Islamic Azad University, from which 45 couples were selected through convenience sampling. After explaining the objectives of the research and obtaining consent and cooperation, the couples were asked to complete the Connor-Davidson Resilience Scale, the Garnefski Cognitive Emotion Regulation Questionnaire, and the World Health Organization Quality of Life questionnaire. Inclusion criteria for this study were: at least one of the spouses being a student, aged between 20 and 40 years, married for between 1 and 10 years, and without any incurable diseases. Exclusion criteria included any acute physical or mental illness in either spouse.

### 2.2. Measures

**Resilience Scale:** This scale was developed by Connor and Davidson (2003) after reviewing research literature from 1979 to 1997 in the field of resilience. They believe that this questionnaire effectively distinguishes resilient individuals from non-resilient ones in both clinical and non-clinical groups and can be used in both research and clinical settings. The scale consists of 25 items designed to measure coping strength against pressure and threat. For each item, a five-point Likert scale (ranging from "Not true at all" to "True nearly all the time") is used, scored from zero ("Not true at all") to four ("True nearly all the time"). The scale's validity (through factor analysis and convergent and divergent validity) and reliability (through test-retest and Cronbach's alpha) were calculated by the creators in different groups (normal and at risk). In Iran, the scale was standardized by Mohammadi (2005), who found its reliability using Cronbach's alpha method to be 89% (Ahmadi & Valizadeh, 2021).

**Short Form of the Persian Version of the Cognitive Emotion Regulation Questionnaire:** Based on the original Cognitive Emotion Regulation Questionnaire (CERQ) developed by Garnefski, Kraaij, and Spinhoven (2001) in the Netherlands, this multidimensional questionnaire is used to identify individuals' cognitive coping strategies following negative events or situations. It is a self-report instrument, consisting of 18 items and comprising 9 subscales. These subscales evaluate 9 cognitive strategies: self-blame, acceptance, rumination, positive refocusing, refocusing on planning, positive reappraisal, perspective taking, catastrophizing, and blaming others. The scale ranges from 1 ("Almost never") to 5 ("Almost always"). Each subscale includes 4 items, with total subscale scores obtained by summing item scores, thus ranging from 4 to 20. Higher scores in each subscale indicate a greater use of the respective coping strategy in dealing with negative and stressful events. In Garnefski and colleagues' study, Cronbach's alpha coefficients for the nine subscales ranged from 62% to 80%. The Cronbach's alpha for the 9 subscales of the Persian version ranged from 76% to 92%. In this study, scale validity based on internal consistency (with Cronbach's alpha coefficients ranging from 76% to 92%), test-retest reliability (with correlation ranges from 51% to 77%), and questionnaire validity through principal component analysis using Varimax rotation, correlation among subscales (with correlation ranges from 32% to 67%), and criterion validity were reported to be satisfactory (Sorkhabi Abdolmaleki et al., 2021).

**World Health Organization Quality of Life Scale:** This questionnaire was designed by the World Health Organization in 1996 to assess quality of life. It is a 26-item self-report instrument that evaluates four domains of quality of life: physical, psychological, social, and environmental. The first two questions assess the overall quality of life domain. After necessary calculations in each domain, scores ranging from 4 to 20 are obtained for each domain, where 4 indicates the worst and 20 the best condition of the respective domain. These scores can be converted to a 0 to 100 scale, with higher scores indicating better quality of life. According to results reported by the WHO Quality of Life Scale developers conducted in 15 international centers of the organization, Cronbach's alpha coefficients for the four subscales and the entire scale ranged from 73% to 89%. In Iran, Nejat and colleagues (2006) standardized this scale and found Cronbach's alpha for the healthy population in the physical health domain to be 70%, in the mental health domain 73%, in the social relationships domain 55%, and in

the environmental domain 84%. The test-retest reliability coefficient after two weeks was reported to be 77% (Sadeghi et al., 2021).

### 2.3. Data Analysis

Data were analyzed using descriptive and inferential statistics, employing Pearson correlation matrices and multiple regression analysis. Data were also analyzed using SPSS version 22.

## 3. Findings and Results

**Table 1**

*Descriptive Statistics for Resilience, Cognitive Emotion Regulation, and Quality of Life of Couples*

Variable	Mean	Standard Deviation	Skewness
Resilience	70.70	10.28	-0.006
Cognitive Emotion Regulation	55.95	8.88	0.39
Self-Blame	6.12	2.23	0.24
Acceptance	5.48	2.33	0.27
Rumination	6.73	1.93	0.024
Positive Refocusing	5.96	2.15	0.20
Refocusing on Planning	7.73	1.72	-0.35
Positive Reappraisal	5.57	1.43	-0.33
Perspective Taking	7.13	1.88	-0.17
Catastrophizing	4.31	2.16	0.93
Blaming Others	4.96	2.21	0.67
Quality of Life	95.20	12.01	-0.39
Physical Health	26.44	3.92	-0.50
Psychological	21.91	3.16	-0.61
Social Relationships	11.24	2.28	-0.50
Environmental Domain	27.36	3.50	-0.10

According to Table 1, the mean scores for the study variables were as follows: resilience 70.70, cognitive emotion regulation 55.95, self-blame 6.12, acceptance 5.48, focus on thoughts/rumination 6.73, positive refocusing 5.96, refocusing on planning 7.73, positive reappraisal 5.57, perspective taking 7.13, catastrophizing 4.31, blaming others 4.96, quality of life 95.20, physical health 26.44, psychological health 21.91, social relationships 11.24, and environmental domain 27.36.

Considering that a common criterion for evaluating normal distribution is examining skewness, with some

The current study involved a total of 90 participants. Demographic analysis revealed that the average age of the participants was 30.09, with an age range of 20 to 40 years. Educational backgrounds of the participants included 8.9% with a high school diploma, 5.6% with an associate degree, 52.2% with a bachelor's degree, 26.7% with a master's degree, and 6.7% with a doctoral degree. The average duration of marriage among the couples was 2.09 years, with 46.7% married between one to three years, 15.6% between four to six years, and 37.8% between seven to ten years.

suggesting that skewness should be between -1 and +1 for a distribution to be considered normal. As shown in Table 1, the skewness scores for all variables fall within this range, suggesting that their scores follow a normal distribution; thus, parametric tests were used to test the research hypotheses. Initially, Pearson correlation matrix was used to examine the relationship between resilience, cognitive emotion regulation, and the quality of life of the couples, followed by determining the contribution of each of the two variables, cognitive emotion regulation and quality of life, in predicting couples' resilience through multiple regression.

**Table 2**

*Pearson Correlation Matrix between Quality of Life and Cognitive Emotion Regulation with Couples' Resilience*

Variable	Resilience	Cognitive Emotion Regulation	Quality of Life
Resilience	1	0.19	0.44*
Quality of Life	0.44*	0.006	1
Cognitive Emotion Regulation	0.19	1	

\*p < 0.01

As observed in Table 2, there is a significant positive correlation between quality of life and couples' resilience ( $r = 0.44, p < 0.01$ ), and between emotion regulation and

resilience ( $r = 0.19, p > 0.05$ ), there is no significant correlation between cognitive emotion regulation and couples' quality of life ( $r = 0.06, p < 0.05$ ).

**Table 3**

*Pearson Correlation Matrix between Dimensions of Cognitive Emotion Regulation and Resilience of Couples*

Variables	1	2	3	4	5	6	7	8	9	Resilience
1. Self-Blame	1									0.03
2. Acceptance	0.53**	1								-0.25*
3. Rumination	0.15	0.19	1							-0.01
4. Positive Refocusing	-0.03	-0.17	0.02	1						0.22*
5. Refocusing on Planning	0.17	-0.13	0.23**	0.09	1					0.48**
6. Positive Reappraisal	-0.07	-0.27**	-0.15	0.23**	0.15	1				0.59**
7. Perspective Taking	0.11	0.04	0.15	0.14	0.41**	0.20	1			0.34**
8. Catastrophizing	0.10	0.14	0.27*	-0.19	-0.06	-0.20	0.11	1		-0.18
9. Blaming Others	0.18	0.22*	0.15	-0.25*	-0.04	-0.26*	0.06	0.23*	1	-0.12
Resilience	0.03	-0.25*	-0.01	0.22*	0.48**	0.59**	0.34**	-0.18	-0.12	1

\*p < 0.05; \*\*p < 0.01

As seen in Table 3, there is a significant positive correlation between positive refocusing ( $r = 0.22, p < 0.05$ ), refocusing on planning ( $r = 0.48, p < 0.01$ ), positive reappraisal ( $r = 0.59, p < 0.01$ ), and perspective taking ( $r = 0.34, p < 0.01$ ) with resilience, and a significant negative correlation between acceptance and resilience ( $r = -0.25, p <$

0.05), indicating an inverse relationship between these two variables. Additionally, there is no significant correlation between self-blame, focus on thoughts/rumination, catastrophizing, and blaming others with resilience ( $p < 0.05$ ).

**Table 4**

*Pearson Correlation Matrix between Dimensions of Quality of Life and Resilience in Couples*

Variable	Physical Health	Psychological	Social Relationships	Environmental Domain	Resilience
Physical Health	1				
Psychological	0.62*	1			
Social Relationships	0.51*	0.65*	1		
Environmental Domain	0.56*	0.72*	0.75*	1	
Resilience	0.35*	0.38*	0.35*	0.34*	1

\*p < 0.01

As Table 4 indicates, there is a significant positive correlation between the physical ( $r = 0.35, p < 0.01$ ), psychological ( $r = 0.38, p < 0.01$ ), social ( $r = 0.38, p < 0.01$ ), and environmental domains ( $r = 0.35, p < 0.01$ ) with

resilience. The contribution of cognitive emotion regulation and quality of life variables in predicting couples' resilience is analyzed subsequently.

**Table 5**

*Results of Multiple Regression Analysis for Predicting Resilience Based on Cognitive Emotion Regulation and Quality of Life*

Variable	Model	Sum of Squares	Degrees of Freedom	Mean Square	R	R2	F	P
Quality of Life and Emotion Regulation	Regression	2175.48	2	1087.74	0.48	0.21	13.07	0.00
	Residual	7235.41	87	83.16				
	Total	9410.90	89					

According to [Table 5](#), as shown, since the analysis of variance in the regression analysis is significant ( $F = 13.07$ ,  $p < 0.01$ ), there exists a significant linear relationship between cognitive emotion regulation and quality of life with resilience. The multiple correlation coefficient ( $R =$

$0.48$ ) and the coefficient of determination ( $R^2 = 0.21$ ) indicate that approximately 21% of the variance in resilience is explained by the predictor variables. The results of the regression analysis are presented in [Table 6](#).

**Table 6**

*Results of Multiple Regression Coefficients Using Simultaneous Method*

Variable	B	Std. Error	Beta	T	Significance Level
Constant	22.18	9.86		2.25	0.02
Quality of Life	0.37	0.08	0.44	4.68	0.00
Cognitive Emotion Regulation	0.22	0.10	0.19	2.06	0.04

Based on the information in [Table 6](#), as observed, the significance levels for the variables of quality of life and cognitive emotion regulation are less than 0.05, indicating they are significant predictors. In response to the research question, it can be stated that quality of life ( $t = 4.68$ ,  $p < 0.01$ ,  $B = 0.37$ ) and cognitive emotion regulation ( $t = 2.06$ ,  $p < 0.05$ ,  $B = 0.22$ ) are capable of predicting couples' resilience. Furthermore, cognitive emotion regulation and quality of life are significant positive predictors of resilience, meaning that an increase in the levels of cognitive emotion regulation and quality of life leads to an increase in couples' resilience, and vice versa.

#### 4. Discussion and Conclusion

The objective of this research was to investigate the mediating role of resilience in the relationship between cognitive emotion regulation and the quality of life of young couples. The findings of the current study indicate a significant positive correlation between quality of life and couples' resilience, meaning that an increase in resilience levels among these couples also increases their quality of life. This finding is consistent with the previous research ([Ahmadi & Valizadeh, 2021](#); [Bigdeli et al., 2013](#); [Isanejad & Haydarian, 2022](#); [Izadi & Darayi Mahmoudi, 2018](#); [Lin et al., 2022](#); [Mir Rajaei et al., 2017](#); [Muhammad & Latipun, 2020](#); [Yan et al., 2022](#)). Research evidence suggests that resilient individuals have the ability to accept reality and believe that life is too meaningful to surrender to problems ([Muhammad & Latipun, 2020](#); [Yan et al., 2022](#)). Moreover, the positive interpretation of negative emotions by resilient individuals can foster healthiness. Since quality of life encompasses satisfaction with life, resilience may, by affecting individuals' feelings and emotions, lead to a positive attitude and consequently, life satisfaction,

sometimes reducing stress sensations, bringing about happiness and satisfaction, and improving quality of life. A significant positive correlation exists between each of the domains of physical (physical) health, psychological health, social relationships, and environmental living conditions with resilience. It can be explained that the trait of resilience, along with personal internal capabilities, social skills, and interaction with the environment, is enhanced, developed, and crystallizes as a positive characteristic. Being social, having good relationships, mental and physical health are among the factors that contribute to increasing an individual's resilience. Studies showed that the ability to constructively interact with the environment and perceive the environment increases resilience.

The results show that there is no significant relationship between cognitive emotion regulation and the quality of life of the couples. This finding is inconsistent with the previous research ([Abbasi et al., 2020](#); [Ashori & Najafi, 2020](#); [Bigdeli et al., 2013](#); [Hosseini et al., 2023](#); [Towsyfyhan et al., 2021](#)). The possible non-significance of this relationship could be due to intervening variables such as economic, social, and occupational status, and personality traits of the couples, which were uncontrollable in this research. Additionally, the results indicated that there is no significant relationship between cognitive emotion regulation and resilience. This finding is inconsistent with the previous research ([Azara et al., 2022](#); [Bigdeli et al., 2013](#); [Ragusa et al., 2023](#)).

The results also indicate a significant positive correlation between positive refocusing, refocusing on planning, positive reappraisal, and perspective taking with resilience, and a significant negative correlation between acceptance and resilience. This finding is consistent with the previous research ([Azara et al., 2022](#); [Bigdeli et al., 2013](#); [Ragusa et al., 2023](#)). According to the current study findings, individuals who habitually use adaptive strategies have

higher resilience than those who use these strategies less. Utilizing adaptive strategies may, by reducing negative emotions and thereby improving cognitive and emotional performance, facilitate problem-solving and increase resilience. People are resilient because they strategically and wisely use positive emotions to achieve superior coping outcomes. Individuals with higher positive affectivity tend to express more positive and dynamic feelings, have a more positive self-view, and focus on the positive aspects of situations, thereby making the marital life scene pleasant for themselves and engaging more cheerfully in marital relationships, which this encouragement and mental cheerfulness could be a consequence of the individual's positive emotion. Thus, it is understandable to say that positive emotion regulation strategies lead to changes in thinking methods to reduce emotional pressures in potentially stimulating situations and lead to a decrease in expressive behaviors and experiences of negative emotions.

The results indicate that cognitive emotion regulation and quality of life are significant positive predictors of resilience, meaning that as the levels of cognitive emotion regulation and quality of life of the couples increase, so does their resilience, and vice versa. Reviewing psychological texts and studies shows that emotion regulation is a crucial factor in ensuring health and successful performance in social interactions. Health and engaging in social interactions are considered resilience enhancers. It is confirmed by many researchers that since stressful events are inherently very emotional, individuals' ability to regulate their emotions can be a significant factor in determining their resilience (Azara et al., 2022).

Overall, the research results indicated that resilience plays a significant mediating role in the relationship between cognitive emotion regulation and the quality of life of couples. Resilient individuals are capable of seeing the brighter and positive side of situations and not overly dwelling on issues, which helps them maintain a more balanced perspective. Therefore, they can achieve a desirable quality of life through appropriate emotional strategies.

Among the limitations of the current study is that it was conducted in one city, with a limited group, and through non-random sampling. Since the sample included students, caution should be exercised in generalizing the results to other groups. Since only the age and marital status were controlled in this study, the inability to control some occupational, economic, and personality variables of the participants was among the limitations that influenced the

results. Given the results, it is suggested that such research be conducted among other communities, especially non-university populations, for the generalizability of results. It is recommended that resilience training for couples, as part of pre-marriage education and couple therapy programs, be aimed at reducing maladaptive cognitive emotion regulation strategies and improving quality of life.

### Authors' Contributions

In this article, the corresponding author was responsible for the intervention implementation, data analysis, and manuscript writing, while the other authors supervised the data analysis and manuscript writing.

### 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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