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Designing Commitment Therapy Package and Assessing its Effectiveness in Improving Couples' Relationship

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Abstract

With respect to the importance of families and couples' health, this study was conducted aiming at designing a commitment therapy package and assessing its effectiveness in improving couples' marital relationship. The study was conducted following an experimental pretest-posttest-control design. The sampling population included all couples referring to psychological counseling centers in Ardabil, Iran during 2018 and 2019. Of all the couples seeking consultation from these centers, 60 available couples were selected and equally assigned to the two groups of experimental and control randomly. To conduct the study a couples' interaction questionnaire was used both at the pretest and posttest stages. The treatment lasted for 9 sessions during each of which the couples' underwent a treatment for two hours. The collected data were analyzed using SPSS. The internal consistency reliability of the questionnaire was estimated using Chronbach alpha and was r= .71, which falls within the acceptable range. The validity of the questionnaire was also established by expert judgment.

As we know, the most important aspect of validity is whether the instrument can efficiently measure the construct it is designed to measure, that is its content validity. More specifically, content validity refers to the inclusion of skills, abilities, and qualities that are needed in measuring the behavior. The experts reviewing the package unanimously agreed that the package could measure what it was designed to measure and therefore confirmed its content validity. Likewise, to find out about the possible pretest-posttest differences and differences between the two groups, a family of t-tests was run. Results indicated that the commitment therapy package was effective in increasing the couples' positive interactions while reducing their negative interactions in the experimental group. In other words, the package was effective in improving their marital relationship. This conclusion has many educational implications in the way of preventing and curing couples with relational problems.

Keywords: Commitment Therapy, Positive Interactions, Negative Interactions.

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1. Introduction

The family is the main core of every society and Center for maintaining health and It is the mental health of people. Family with healthy functioning, to Sanitizing the atmosphere of society helps and is the basis for growth and prosperity provides its members. Family is an essential institution of society. The health of a society hinges on the health of the families living in it. To have a healthy family, the members of the family should be in good psychological health and enjoy favorable interpersonal relationships. Divorce is a situation in which the most intimate relationship between two people fails and they decide to split.

Divorce statistics are striking in Iran. Irrespective of the shrinking percentage of boys and girls committing themselves to a joint life, about 50% of all marriages collapse in the first three years of the joint life. Divorce is the most significant manifestation of conflict among couples which is in the rise and it is speculated that this trend will continue even faster in the future. Divorce is damaging to the psychological health of the family and society alike and therefore needs to be remedied one way or the other.

In addition to divorces that happen, life is monotonous in many other families so that more and more couples turn to extramarital relations. The advancement of technology and growth of social networks have increased couples' general knowledge of marital relationship and this increase in knowledge has elevated their expectations from each other. This is while counseling centers have increased in number and couples have developed better espousal and interactional skills than before.

Lots of books are also written on marital issues every year and numerous studies are conducted in Iran and other parts of the world. Most research has focused on couples' marital skills and tried to present different coping techniques to save their joint lives (Sedghi, Ghaffari, Kazemi & Narimani ,2019). It is shown that sincerity and effective communication between couples play significant roles in the stability of their lives (Kato, 2016). It is also shown that effective espousal communication affects compatibility, marital satisfaction, and stability of married life positively) (Beshart & Rafizadeh, 2019).Research indicates that good communication between couples contributes to the stability of their married life. In contrast, avoiding the

development of an intimate relationship can result in family-life breakdown (Sadri Damirchi, Sheikholeslami & Tarvirdizadeh, 2017).

One general assumption has been that the chief cause of many relational problems between couples is deficient relational skills of both men and women. Based on this approach, the most effective strategy in dealing with marital problems is educating couples on the quality of their relationships to overcome marital problems. On the other hand, statistics show that 50% of people who are seeking or have sought counseling services have left their joint life (Worthington, 2005).

According to many studies couples experiencing incompatibility or conflict have problems with their relational skills and use inefficient models in their interactions (Heyman, 2006). The important question however is, why has increase in marital knowledge and skills and good marital relations in many cases not been able to stave off marital life collapse, especially when it is observed that this problem is even more pronounced among the educated? It seems that couples confront their problems today with less resilience than before and invest little for solving their problems. This results in the ever increasing possibility of families' breakdown. Currently, it seems that couples terminate their joint life more easily than previous times.

Nowadays, because of the possibilities that the cyber world has provided for everyone, couples can get involved in cyber romance or even extramarital relationships with more facility and violate their married life commitments. It seems that they have employed their marital skills for establishing extramarital relations in many cases in lieu of using them for consolidating their married life. Therefore, it seems that in many cases it is not the lack of marital skills that results in the collapse of families but the couples' lack of understanding of the true meaning of commitment that they make at the beginning of their joint life to continue their lives together in health, illness, poverty and affluence, and the commitment to give birth to children and bring up them with love and compassion. The source of many tensions between spouses is miscommunication They are with each other. Teaching correct communication skills can prevent tension between them.

This article is written while the Covid -19 disease has ravaged the world. The salvage from this disease's evils too is strongly tied to humans' commitment to themselves and others rescue. This coincidence highlights the importance of commitment.

Commitment has different dimensions and meanings. Committed people are the ones who feel responsibility for themselves and others. It seems like couples' commitment to stability strengthens their relationships and is related positively to marital compatibility (Sedghi, et al., 2019). Hence, one of the most important factors for durability of marriages is the couples' commitment.

Marital commitment and its various dimensions are among the most important factors in the sustainability of a shared life. In Harris view (Harris, 2004), marital commitment is equal to the amount of value that the couple accords to their marital relationship and the intensity of motivation they have for its continuation. Commitment means that the individual loves his or her espouse, is loyal to him or her, and avoids extramarital relationships in any way possible(warren,1985،). Commitment is a reference framework for values and beliefs that people turn to when they are in need of making serious decisions about their relations. Commitment in marriage is the quality of espouses' understanding of their relationship in the past and during the relationship and opting for behaviors that will keep them in that relationship. It also involves couples' decisions about the relationship's intensity and scope, and their willingness to remain faithful to each other it in the long run (Johnson, Madams & Joes 1999).

Marital commitment is divided into the two types of espousal and institutional. Espousal commitment makes the person retain a high level of love toward and satisfaction from his or her partner while institutional commitment is indicative of the person's commitment to society. That is, while the person is not interested in his or her espouse, they pretend the opposite because of social considerations they have or taboos they believe in (Hasani, et al., 2019).

Without commitment any relationship will be superficial and may go in any direction. Any relationship ending in marriage will be a great failure soon if it fails to beget commitment in the partners. Commitment is the strongest and most stable predictor of marital satisfaction and length of the marital

relationship (Hasani, et al., 2019). Marital commitment is a particular kind of commitment and is defined as the willingness of an individual to marry a particular person and to remain committed to him or her. It involves legal, social and interpersonal complexities (Stertchman and Gabel, 2006).

One of the things that a healthy family posseses is its sense of commitment toward other members of the family. In a family with strong ties, the members not only devote themselves to the comfort and wellbeing of the family but also to the growth and excellence of each other (Stanley, 1992).

The earliest marital commitment model was developed by Rusbult(1980). under the name of Investment Model (1993). Based on this model, commitment of espouses toward each other is dependent on three factors: satisfaction from marital relationship, investment in marital relationship, and alternatives to marital relationship. In other words, Rusbult believes that an espouse will remain committed to his or her relationship when he or she is satisfied with his or her partner, has invested a lot for that relationship, and has no better alternative in comparison to it (Rusbult, 1980).

Commitment keeps husband and wife together in three difficult periods of time: the first three years of marriage when the couples give time to their relations' growth and development, the period after the first three years when the excitement subsides and the life gets boring, and during difficult times. Some examples of difficult times are job problems, motherhood, and financial crises. Commitment makes a real change in these periods. On the other hand, commitment weakens the fear of being rejected or abandoned and boosts confidence and intimacy. If committed, the couples do not consider their relations to be transitory; they invest emotionally and psychologically in it; and support each other more strongly (Warren, 1985; Ghaffari, 2018). Commitment influences marital relationship positively in these ways.

In light of the fact that commitment therapy has been designed and implemented by the current researcher for the first time, and no evidence of this kind of treatment was found in the literature at the time of study, and regarding the issues and problems brought up in preceding discussions, it seems that this subject needs to be dealt with seriously. The researcher's firsthand experience with incompatible couples and the results of the present

study reveal that it is not the lack of skill per se that results in the collapse of family life rather there may be other factors involved in the phenomenon. Regarding the aforementioned lack of research on the subject, the first essential question was if the designed commitment therapy package had reliability and validity. The second question was if commitment therapy could be effective in improving couples relationship. Both of these questions are addressed in this study with the second question dealt with both in a within-groups and between-groups manner.

In contemporary society, couples experience severe and pervasive problems when establishing and maintaining intimate relationships. In fact, the problem of marital helplessness is more than any other problem, the reason for seeking and receiving counseling services. With this description, the aim of the current research is to design a training package of commitment therapy and measure its effectiveness on improving marital interactions.

2. Review of Literature

Sedghi and et al (2018) showed a significant difference between the experimental and control groups. This difference showed that there was a significant difference in the experimental groups in post-test (P<0/05) and follow-up (P<0/01) compared to the pre-test mean marital commitment scores and also the effectiveness of choice therapy education in couple therapy. Compared with the other two groups.

Christensen, et al (2006) and Gottman and Notarius, (2002) observe a direct relationship between the quality and stability of marriage and the quality of espouses' relationship. (Gottman and etal.2002). also see a relationship between couples quality of relationship and their psychosomatic health. In a four-year-long longitudinal study, Gottman and Levinson (2000), using a rapid coding system of couples' interaction, divided the couples in their study into compatible and incompatible based on the way they talked about their problems. These researchers used positive codes for behaviors like joking, confirming, and admiring and negative codes for behaviors like criticizing and humiliating. Compatible couples were the ones whose positive behaviors outnumbered their negative behaviors. They used positive verbal behaviors to

solve their problems. Incompatible couples were the ones who always were on guard, had a tendency to fight, were angry and reclusive, and had negative emotions. They were generally unable to solve their problems.

Gottman and Levinson have pointed out that the interaction model of the couples seeking divorce includes elements like sudden negative interaction by the wife, avoidance of the husband to comply, retaliation by the wife by showing disregard, and increase in the husband's negative interaction.

Abbasi Molid, Fatehizade (2015) conducted a study aimed at examining the effect of Glaser's couple therapy on couples' commitment reinforcement. The quantitative results of this study revealed that Glaser's couple therapy strengthened their ethical commitment. The qualitative findings were indicative of a significant increase in commitment and loyalty of the couples toward their espouses, marriage, and family after they attended instructional-consultative classes. In another study that was carried out by Ghaffari in 2019 entitled as "the effect of commitment therapy on divorce-seeking couples' extramarital relationship and sense of belongingness", it is shown that commitment therapy reduces extramarital relationships and increases the sense of belongingness meaningfully.

3. Methodology

The method used for designing the training package was systematic review and its effectiveness was measured by a pretest-posttest-control group design. The sampling population of this study included all of the couples that referred to different counseling centers in Ardabil, Iran seeking advice for their incompatibilities during 2018 and 2019. The overall number of the couples reached 150 of which 60 available couples meeting the criteria for the study were selected. These 60 couples were randomly put into the two experimental and control groups. Verbal and nonverbal coding system of the couples: This coding system involves 23 interactional codes. Of these 23 codes 15 are negatives interactional codes, 1 is neutral and the remaining 7 are positive interactional codes. The negative interactional codes are "animosity", "offensive behavior", "inflammability", "domineering behavior", "furor", "tension", "edgy joking", "defensive behavior", "sadness", "stonewalling",

"family disregard", "self-contempt", "witch hunt", "hatred", and "sexism". The seven positive interaction codes included "willingness", "approval", "demonstrating feeling behavior", "kidding", "taking the other party by surprise", "self-disclosure", and "the use of 'we' pronoun". The sums of the positive interaction scores and negative interaction scores show the amount of positive and negative interactions respectively. This coding system was developed by Sadghi in 2010 based on valid theories and coding systems including ‹Gottman.et al's (1998) emotional coding system.

The initial checklist was prepared considering research findings regarding cultural differences in this area (e.g., Christensen, et al., 1994; Teriandis, 2006; Halford, et al., 1990; Tomita, as cited in Hasani, et al.). Later the system was refined by collecting qualitative data through observing and interviewing incompatible couples and bringing together a group of couple therapists. The validity of the observational coding system has been ascertained by 12 experts agreeing on its appropriateness and diagnostic analysis accuracy in distinguishing compatible and incompatible couples (Sadeghi, Mazaheri, & Mootabi, 2010). The inter-rater reliability of the checklist too was estimated by calculating correlations between raters' coded checklists and the main rater's checklist. These calculations revealed that correlation coefficients between the observers ranged from $r = 0.56$ to $r = 0.95$, all significant at $p = .05$ level. The correlation coefficient for negative interactions was $r = 0.85$, $p = 0.01 < 0.05$ and for positive interactions $r = 0.76$, $p = < 0.05$.

The Commitment Therapy Program: The order of the day in each commitment session was as follows:

Session 1: familiarity with the concept of commitment—presenting a comprehensive definition of commitment and reviewing its different dimensions.

Session 2: reviewing the benefits of commitment and recognizing its obstacles—getting acquainted with the flavor of a committed life and characteristics of committed men and women.

Session 3: exploring the true meaning of marriage and familiarity with different levels of commitment.

Session 4: sexual commitment in married life—improvement in bedroom skills and discussion about the differences of men and women's expectations

Session 5: discussion about the nature of economic, ethical, and emotional interactions characteristic of committed couples—establishing economic trust and transparency.

Session 6: emotional-psychological commitment of husband and wife—confidence building and transparency in couples relationships and elaboration on the appropriate ways of handling emotional-psychological interactions between partners.

Session 7: evaluating couples' commitment in the cyber world—the way committed couples use the cyber world and the way they should stay committed and transparent in this regard.

Session 8: training the couples on how to establish relationship with their partner's family members and how to interact in their presence.

Session 9: recommendations to couples on how to take care of their relationship and the quality of their interaction to continue with a committed life.

4. Findings

To conduct the study, following an experimental design, the researcher needed to divide the participants into the two groups of control and experimental. While deciding to include equal numbers of couples in each group randomly, the researcher also decided to divide the couples into three groups based on their age ranges so that equal proportions of couples could go into each of the groups. This division was made to create a rough balance in the age ranges of the couples in the groups since too much difference could have affected the findings negatively.

The first null hypothesis of the study was: RH1: Commitment therapy is not effective in improving couples' positive interactions. To address this hypothesis it was necessary to specify the number and percent of each group of the participants and the age range within which they fell. Tables 1 and 2 present information on these issues.

Table 1. Frequencies of the Couples Referring to Counseling Centers Falling in Each Age Range

Age	Frequency	Percent	Valid Percent	Cumulative Percent
25-35	25-35	26	43.0	43.0
36-46	36-46	30	50.0	50.0
47-57	47-57	4	07.0	07.0
Total	Total	60	100.0	100.0

As Table 1 represents, 43% of the couples under study fell within the 25-35 age range, 50% within the 36-46 age range, and the remaining 7% within the 47-57 age range. It was also necessary to compare the control and experimental groups positive interaction scores with each other as well as their negative interaction scores with each other at the pretest stage to make sure that they were not substantially different from each other prior to the beginning of the study. Any significant difference would have required a different kind of data analysis taking care of the initial differences. Table 2 presents descriptive statistics of the two experimental and control groups in terms of their positive interaction at the pretest stage.

Table 2. Descriptive Statistics of the Experimental and Control Groups Positive Interactions at the Pretest Stage

pretest positives	N	Mean	Std. Deviation	Std. Error Mean
Control positive	30	23.4000	4.93824	.90160
Experimental positive	30	23.8667	4.52376	.82592

Table 3 shows the result of the independent-samples t-test run to see if the groups differed significantly in the quantity of their positive interactions at the pretest stage.

Table 3. Result of the Independent-samples T-test Run on the Couples' Positive Interaction Counts at the Pretest Stage

Levene's Test		t-test for Equality of Means						
					Mean	Std. Error	95% CI	
F	Sig.	t	df	Sig.	Difference	Difference	Lower	Upper
.559	.458	-.382	58	.704	-.46667	1.22271	-2.91419	1.98085

The non-significant p-value (p=.704 > .05) reveals that the two experimental and control groups had not been different from each other significantly in terms of the quantity of the positive interactions they involved in. Table 5 shows descriptive statistics of the two study groups' negative interaction counts at the pretest stage.

Table 4. Descriptive Statistics of the Experimental and Control Groups Negative Interactions at the Pretest Stage

pretest negatives	N	Mean	Std. Deviation	Std. Error Mean
Control negative	30	34.4333	5.99818	1.09511
Experimental negative	30	34.8333	5.42716	.99086

Table 5 presents the result of the independent-samples t-test conducted to investigate if the two study groups differed significantly in the quantity of their negative interactions at the pretest stage.

Table 5. Result of the Independent-samples T-test Run on the Couples' Negative Interaction Counts at the Pretest Stage

Levene's Test		t-test for Equality of Means						
							95% CI	
F	Sig.	t	df	Sig.	Mean Difference	Std. Error Difference	Lower	Upper
.086	.771	-.271	58	.787	-.40000	1.47685	-3.35623	2.55623

To reiterate, the hypothesis of the study aimed at exploring if commitment therapy was effective in improving couples' positive interactions. This would mean two things: 1) increase in positive interactions; 2) decrease in negative interactions. We saw that the groups had no significant difference in terms of their positive and negative interaction quantities at the pretest stage, so we could confidently embark on testing the hypothesis by first examining the normality of the scores for the independent-samples-t-test which was necessary to be run to compare the two groups' differences at the pretest stage. If the normality assumption was not satisfied, we had the option of running the non-parametric Wilcoxon-signed rank test.

Table 6.Pretest and Posttest Normality Checks of the Positive and Negative Interaction Counts

		pretest control positive interaction	posttest control positive interaction	pretest control negative interaction	posttest control negative interaction	pretest positive interaction experimental	posttest positive interaction experimental	pretest negative interaction experimental	posttest negative interaction experimental
N		30	30	30	30	30	30	30	30
Normal Parameters	M	23.8667	23.9667	34.8333	34.8667	23.4000	30.7333	34.4333	20.5333
	SD	4.52376	4.64968	5.42716	5.19770	4.93824	3.94735	5.99818	4.24047
Test Statistic		.134	.112	.147	.156	.115	.196	.123	.217
Asymp. Sig.		.176[c]	.200[c,d]	.098[c]	.059[c]	.200[c,d]	.005[c]	.200[c,d]	.001[c]

As the table reveals, two of the distributions of the scores, that is posttest positive scores in the experimental and control groups had not been normal. The p values of these two sets of scores are smaller than .05. This meant that while we could use paired-samples t-test for comparing the groups pretest and posttest negative scores, we would be better off to use the Wilcoxon-signed rank test for the comparison of their positive scores at these two stages. Table 7 provides descriptive statistics of the 4 pairs of group comparisons that were conducted.

Table 7. Descriptive Statistics of the Four Pairs of Comparisons to be Conducted

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	pretest control positive interaction	23.8667	30	4.52376	.82592
	posttest control positive interaction	23.9667	30	4.64968	.84891
Pair 2	pretest control negative interaction	34.8333	30	5.42716	.99086
	posttest control negative interaction	34.8667	30	5.19770	.94897
Pair 3	pretest experimental positive interaction	23.4000	30	4.93824	.90160
	posttest experimental positive interaction	30.7333	30	3.94735	.72069
Pair 4	pretest experimental negative interaction	34.4333	30	5.99818	1.09511
	posttest experimental negative interaction	20.5333	30	4.24047	.77420

The paired-samples t-tests results (Table 8) conducted on the pretest and posttest positive and negative interactions in the control group indicate that significance values are p=.931> .05 for the positive pretest-posttest interactions comparison and p=.0982 > .05 for the negative pretest-posttest interactions comparison.

Table 8. Paired-samples T-tests Results of the Pretest and Posttest Positive and Negative Interactions in the Control Group

	Paired Differences						
				95% Confidence Interval			
	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1 pretest control positive interaction - posttest control positive interaction	-.10000	6.24969	1.14103	-2.43367	2.23367	-.088	29.931	
Pair 2 pretest control negative interaction - posttest control negative interaction	-.03333	7.77478	1.41947	-2.93648	2.86982	-.023	29.981	

The t-test results show that couples' negative and positive interactions in the control group have not changed significantly from the pretest to the posttest. As it was already mentioned, the distributions of two sets of scores were non-

normal in the experimental group. For this reason, two Wilcoxon-signed rank tests as the non-parametric alternative of the paired-samples t-test were conducted for pretest-posttest comparison purposes in this group. The result of the first of these tests, comparing positive interactions of the couples in the experimental group at the pretest and posttest stages, is given below in Table 9.

Table 9. The Decision to Be Made about Positive Interactions in the Experimental Group

Null Hypothesis	Test	Sig	Decision
The median different is equal 0.	Wilcoxon	0.000	Reject the Null Hypothesis

The table shows that the null hypothesis that commitment therapy has no effect on the couples' positive interactions should be rejected. But this table does not tell us about the direction of the effect and whether commitment therapy has increased or decreased positive interactions significantly. To figure out exactly how the treatment has affected the couples' positive interactions, we need to inspect the histogram and table provided in the Continuous Field Information area. to the treatment favorably and the number of their positive interactions decreased between zero and 3.

The table below the histogram, shows that the "t" value is 448, which is a very large value and is significant as represented by p = .000 < .05. The effect size calculated using the standardized "t" statistic is equal to .81, which is a very strong effect size.

To compare the pretest and posttest negative interaction quantities in the experimental group another Wilcoxon-signed rank test was carried out the summary of which is given in Table 10.

Table 10. Decision to Be Made about Negative Interactions in the Experimental Group

Null Hypothesis	Test	Sig	Decision
The median different is equal 0.	Wilcoxon	0.000	Reject the Null Hypothesis

The histogram below indicates that only one couple's negative interactions have increased by zero to 5 interactions while the absolute majority of 29 couples have made gains in reducing their negative interactions. This reduction is between zero and 30, varying for individual couples. We naturally expect that the effect size of this impressive change to be very strong as in the case of positive interactions. In the table below the histogram t = 2.5 and p = .000 < 001. The standardized "t" score value is -4.733. The effect size that can be

calculated, taken the number of the couples in the group into consideration, is .81, which is a very strong effect size.

The second null hypothesis of the study was: RH2: There would be no significant difference between the negative interactions and positive interactions of the experimental and control groups at the end of the treatment, i.e., posttest stage. Testing his hypothesis requires comparing groups at the posttest stage both in terms of their negative interactions and positive interactions. Table 11 shows group statistics for the positive interactions at the posttest stage in the control and experimental groups.

Table 11. Descriptive Statistics for the Posttest Positive Interaction Scores in the Experimental and Control Groups

	posttest positives	N	Mean	Std. Deviation	Std. Error Mean
posttest positive scores	Control positive	30	23.9667	4.64968	.84891
	Experimental positive	30	30.7333	3.94735	.72069

The means of the groups in the descriptive statistics table reveals a large difference between the two groups in terms of positive interaction, close to 7 units to the advantage of the experimental group. However, to know if the difference is significant or not with respect to the degree of freedom, we need to run an independent-samples t-test. Needless to say, distributions of both sets of scores were normal as represented in Table 12 with non-significant probability values.

Table 12. Normality Tests of the Pretest and Posttest Positive and Negative Scores

		posttest positive scores	posttest negative scores
N		60	60
Normal Parameters[a,b]	Mean	27.3500	27.7000
	Std. Deviation	5.47049	8.62260
Test Statistic		.100	.147
Asymp. Sig. (2-tailed)		.200[c,d]	.002[c]

The following table shows the result of positive posttest comparison of scores in the control and experimental groups.

Table 13.Independent-samples T-test Comparing Posttest Positive Interaction Quantities in the Experimental and Control Groups

		Levene's Test		t-test for Equality of Means					
								95% CI	
		F	Sig.	t	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
posttest positive scores	Equal variances assumed	.122	.728	-6.077	58.000	-6.76667	1.11357	-8.99572	-4.53761

The Levene's equality of error variances test result with p = .728 > .05 compels us that the score sets have been homogeneous and we had no problem running the independent-samples t-test. The t-test result is t = 6.077, df = 58, p = 000 < .001 (two-tailed). This finding makes a good case for accepting that there has been a significant difference between the experimental and control groups in terms of the number of positive interaction.

We should follow the same line of analysis to understand whether the negative interactions in the experimental and control groups also differed at the posttest stage or not. Table 14 provides the descriptive statistics of these two sets of scores.

Table 14. Descriptive Statistics for the Posttest Negative Interaction Scores in the Experimental and Control Groups

	posttest negatives	N	Mean	Std. Deviation	Std. Error Mean
posttest negative scores	Control negative	30	34.8667	5.19770	.94897
	Experimental negative	30	20.5333	4.24047	.77420

Unlike Table 11, in which the mean of the experimental group is larger, in Table 15, it is the mean of the control group that is larger by about 14 points. Recognizing that this table represents negative interaction scores, we can conclude that the quality of interactions has improved in the experimental group much more than the quality of interaction in the control group. But, to decide if the change reaches a significant level, we should perform another independent-samples t-test the result of which is given in table 15.

Table 15. Independent-samples T-test Comparing Posttest Negative Interaction Quantities in the Experimental and Control Groups

		Levene's Test		t-test for Equality of Means					
								95% CI	
		F	Sig.	t	Sig. (2-Dftailed)	Mean Difference	Std. Error Difference	Lower	Upper
posttest negstive scores	Equal variances assumed	1.623	.208	11.703	58.000	14.33333	1.22471	11.88180	16.78486

The t-test again returns a significant result with t = 11.703, df = 58, p = 000 < 001 (two-tailed). These results convince us to conclude that negative interaction cases are significantly fewer in the experimental group compared to the control group at the posttest stage. This finding is another shred of evidence supporting the idea that commitment therapy really makes a sizable change in

the positive direction improving the quality of exchanges between husbands and wives.

5. Conclusion

At the beginning of this section, it should be noted that the researcher has been engaged in couple therapy for 25 years and during this long period of time she has provided consultation for hundreds of couples on the verge of divorce and has been able to help many of them overcome their relational problems. This firsthand long experience with troubled couples puts her on a firm ground to make a case for this kind of problems. While working with these couples, the researcher has understood that the majority of the troubled couples are not familiar with the actual meaning and limits of commitment. Many of these couples rush to decide and leave each other almost with any insignificant problem. The commitment therapy package had been tried before the beginning of the actual research with a few troubled couples and the decision to develop it into a comprehensive package was made only after impressive results were obtained at this piloting phase. The package was then revised and refined for more consistency and systematicity.

The first question of the study was if commitment therapy package was effective in improving marital relationships. The Wilcoxon-signed rank tests clearly revealed that commitment therapy has been effective in increasing positive interactions and at the same time decreasing negative interactions. These findings are in line with almost all of the studies conducted on the issue of commitment. For example, as far back as 2006, Harris, found that commitment is the most powerful and consistent predictor of relationship satisfaction. However, no procedure as yet has applied a commitment course to couples having relational problems for therapeutic purposes. From this vantage point, this training program can be considered as a novel way of dealing with the issue of commitment. It was for this reason that no report was found in the literature to address it directly. Therefore the researcher had no way but to rely on studies that are partially related to the work. Some of the studies that have centrally dealt with commitment are introduced below.

Moradzadeh and Pirkhaefi (2018) conducted a study aimed at investigating the effectiveness of acceptance and commitment therapy in marital satisfaction and cognitive flexibility of the married well-being office employees in Iran. Their findings revealed that there were significant differences in both marital satisfaction and cognitive flexibility between the control and experimental groups. In other words, therapy based on acceptance and commitment had increased marital satisfaction and cognitive flexibility meaningfully among the well-being office employees, which is to a great extent in line with the findings of this study.

Kavoosian, Hanifi, and Karimi (2017), carried out a research looking into the effect of acceptance and commitment therapy on couples' marital satisfaction. The analysis of the collected data showed that there was a meaningful difference between the posttest scores of the two study groups in terms of marital satisfaction. Likewise Tejak, et al. (2015) explored the effect of acceptance and commitment therapy on psychosomatic problems. Their results indicated that treatment based on acceptance and commitment can be employed to enhance marital satisfaction of couples involved in challenges like infertility. Haffman, Eilenberg, Jensen & Frostholm (2014) conducted a study aimed at experimentally examining processes of change arising from acceptance and commitment therapy (ACT) in flexibility and health anxiety. The researchers found that such therapeutic interventions reduce mental pressures(Sedghi et al., 2019). likewise found that acceptance and commitment therapy alleviates psychosis, anxiety, and depression. These studies, though somewhat indirectly related, all support the effect of commitment therapy on the reduction of some personal and relational problems.

To elaborate on the concept of commitment, it could be said that, as the couples get familiar with the meaning and dimensions of commitment, they realize that they cannot bring their relationship to an end with any insignificant problem that might arise in their married life. If a couple is living a committed life, it affects their joint-life from the very beginning and if they gain confidence that their married life is so strong that most possibly will last to the end, they will treat us differently compared to the situation in which they are not that much certain about the durability of their married life (Warren, ١٩٩٥).

Since many divorces happen without a compelling reason and the espouses do not make enough effort to save their married life, it is seems it is commitment that can fill the gap and help couples remain together. Commitment keeps husbands and wives together during three marital periods: (A) during the first three years of the married life in which 50% of divorces happen. This is the time that both man and woman should consolidate their joint life. (B) When the excitement abates. Any marriage faces a juncture of time in which excitement subsides and boredom prevails. If there is no strong commitment, some unfortunate things may happen. (C) During hard times. During hard times as in the event of the loss of job, motherhood, or financial crisis commitment may be a very helpful and priceless possession.

On the other hand, commitment decreases the fear of being abandoned or rejected and increases trust and intimacy. Commitment makes spouses consider their joint life not as a fleeting relationship and thereby invest too much in it psychologically and emotionally. It also makes the couples be supportive of each other (Ghaffari, 2019; Warren, 1985 and Hayes 2004). Commitment does not mean at all that a married man and woman should remain together at any cost. It is the understanding by each party that 100% of the responsibility for their lovely relationship lies with them. The importance of this kind of thinking is that, when you undertake 100% of a responsibility, you succeed in safeguarding your relationship. Otherwise, the relationship will most probably fail and both parties will suffer. Commitment means complete acceptance of a relationship and complete passion for its preservation (Ghaffari, 2018). When commitment, of the sort defined, is established between espouses, it works wonders. This definition is in conformity with (Hasani, et al., 2019) Selection Theory according to which espouses instead of trying to change their partners' behavior or personality should take the edge off their own personality if it is possible. This interpretation of commitment affects marital relationship positively.

It is mentioned in many studies that the quality of espouses' interactions is directly related to the stability and quality of their married life as well as their psychosomatic health (Christensen, et al, 2006; Guttman & Notarius, 2002; Katz & Gottman, 1993). One of the meanings of commitment is to use

whatever at your disposal to save your married life in crises (Warren, 1995). Marital commitment is an index of the value that the couples assign to their relationship and the motivation they have for preserving it. Commitment means that the individual loves his or her partner, is faithful to him or her, and avoids extramarital relationship in any form possible (Warren, 1995).

Stretchman and Gable (2006) identified and suggested two types of marital relationship: approximation commitment and avoidance commitment. Approximation commitment is indicative of a person's inclination to preservation and continuation of his or her marital relationship. Avoidance commitment on the other hand refers to a person's disinclination for withdrawal from his or her marital relationship. In simple words, approximation commitment is the tendency to gain advantages from or reap the rewards of a marital relationship at present and in the future. But, avoidance commitment involves the inclination to abstain from negative consequences of divorce and its later costs.

Even though attachment to a partner and motivation for continuation of a relationship matters, husband and wife in addition are responsible before each other under all circumstances of health, illness, welfare, and poverty. Commitment creates a standard for men and women to measure themselves with. Although many couples consider themselves to be committed at the beginning of their married life, it is quite likely that they give in to hardships arising at the beginning or during their joint life easily.

Individual commitment has three elements: (1) attraction of the espouse (love toward the partner) (2) satisfaction with the marital relationship, and (3) marital identity or the amount of a partner's participation in a marital relationship. This last element is said to be the individual's self-concept (Johnson, et al., 1999). The commitment package suggested in this study seems to be catering to all these three aspects.

Personal commitment is a key variable that creates a standard in a marital relationship. McDonald (1985, as cited in Sedghi, et al., 2019) divided marital commitment to commitment to the married life and commitment to the partner. When positive emotions arise in a person, the person's ways of interaction and behavior with the partner shift toward positive. The implication is that training

couples through commitment therapy and replacing old-fashioned beliefs and ideas with new patterns of thinking would affect couples' marital relationship. As Lavner (2016) puts it, positive and effective interactions lead to higher levels of satisfaction with the relationship and married life. Likewise (Sedgi, et al., 2019) point out that as positive interactions increase between couples, satisfaction protection behaviors too increase in them. These behaviors will bring higher levels of positive excitement and marital satisfaction in their wake, which again underlines the importance of using packages like the one introduced in this article.

In a committed relationship, life's most important rules such as honesty, protection, and care are observed more by espouses and this observance is essential to marital relationship (Ghaffari, 2019). A brief review of the commitment therapy package reveals that it has nurturing for positive marital relationships at its heart. When commitment dominates different dimensions of a marital relationship such as, economic, emotional, psychological, and sexual, positive interactions win out.

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