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The Effectiveness of Cognitive-Behavioral Stress Management Training on Marital Commitment and Communication Beliefs in Mothers with Low Marital Satisfaction

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Abstract: The current study aimed to investigate the effectiveness of cognitive behavioral stress management training on marital commitment and communication beliefs in mothers with low marital satisfaction. This research was a quasi-experimental type and was implemented in the form of a pre-test-post-test-follow-up design with a control group. The statistical population consisted of mothers with low marital satisfaction in the 5th district of Tehran in 2022. Participants were 30 people, whom selected using the convenience sampling method, following the inclusion and exclusion criteria, and were randomly assigned to experimental and control groups. Before the intervention, both groups participated in the pre-test phase, and then the experimental group underwent cognitive behavioral stress management training in ten 60-minute sessions, but the control group did not receive any intervention. Then both groups participated in the post-test phase and after 3 months the follow-up phase was done. To measure marital commitment, the standard marital commitment questionnaire of Adams and Jones (1997) was used, and for communication beliefs, the Eidelson and Epstein (1982) questionnaire was used. The data was analyzed using the mixed ANOVA by SPSS-24. The results indicated that stress management cognitive behavioral training had a significant effect on marital commitment ($F=43.13$, $P<0.001$) and communication beliefs ($F=41.74$, $P<0.001$). Overall, it can be concluded that marital commitment and communication beliefs of mothers with low marital satisfaction can be increased with cognitive behavioral stress management interventions.

Keywords: Cognitive behavioral training, stress management, marital commitment, communication beliefs, marital satisfaction

Introduction

Marital commitment is one of the important variables in the sympathetic marriage, which has an undeniable relationship with marital satisfaction, and without it, the marital relationship will be superficial and without direction. Commitment is considered as a decision to continue life and it is a connection and psychological dependence to a life partner (Hou et al., 2019). Commitment is a component that helps couples to maintain their marital life in dealing with life's problems and difficulties, so that despite experiencing painful events, they continue to be together. The feeling of commitment in couples is one of the influential and fundamental factors in a successful and stable marriage and plays a significant role in explaining marital stability (Latifa et al., 2021). Amato and Booth (2001) believed that marital commitment means how much couples value their marital relationship and how motivated they are to continue it. In Adams and Jones (1997) model, marital commitment has three dimensions: commitment to the spouse (personal), life (ethical), and social constraints (structural). In their model of marital commitment, Strachman and Gable (2006) considered it to include commitment to tendency (the individual's interest and desire to maintain and continue the

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marital relationship) and commitment to avoidance (the individual's desire to avoid ending the joint relationship). Johnson et al. (1999) also believe that commitment cannot be considered as a single unit and have presented a model in which marital commitment is divided into three types of personal commitment, moral commitment and structural commitment. They argue that each type of commitment works according to its performance. Personal commitment means a person's interest and desire to continue a marital relationship, which is based on attraction and marital satisfaction, moral commitment refers to the commitment that people feel that they should remain in the relationship, and structural commitment includes the availability of alternative social relationships. In general, marital commitment is a dynamic process that includes emotional, cognitive and behavioral components and plays a full and perfect role in motivating couples to face the ups and downs of marriage and its durability. Obviously, higher levels of marital commitment are related to higher levels of marital satisfaction, and lifelong commitment is one of the most important characteristics found in satisfying marriages (Hou et al., 2019). Therefore, it can be stated that probably women who have low marital satisfaction have lower levels of marital commitment and this shows the need to be sensitive to the promotion of marital satisfaction and commitment (Alizadehfard & Razaghi, 2021; Fathi et al., 2012).

Another important intrapersonal factor is the relationship beliefs of spouses. Relational belief is an opinion or mentality that a husband and wife have towards their marital relationship and have accepted it as a reality of life (Hamamci, 2005). Basically, relationships are pleasant when couples can talk to each other with less negative behaviors and emotions (Epstein & Eidelson, 1981). In Beck's cognitive therapy approach, the assumptions and beliefs in the spouses' cognitive schemas are emphasized (Knapp & Beck, 2008). According to Beck, when cognitive schemas are influenced by cognitive experiences, they find the rule of irrational beliefs, and these extreme and very absolute beliefs make the interpretive system of couples to act illogically and incorrectly (Cadely et al., 2020). On the other hand, the number of irrational beliefs is a powerful predictor for the chaos of married life. These irrational beliefs include the expectation of mind reading, sexual perfectionism, belief in gender differences, belief in the destructiveness of opposition, and belief in the immutability of a spouse (Gündogdu et al., 2018). Irrational beliefs about relationships, especially three self-related beliefs, are based on Ellis's theory. Factors such as reducing the quality of relationships, reducing positive interactions and increasing negative interactions cause avoidant emotional states such as anger, sadness, humiliation, fear and anger in conflicting couples (Cadely et al., 2020; Noroozi et al., 2015). Misconceptions, prejudices and negative attitudes are among the factors that can weaken the effectiveness of a communication and cause the message to be misunderstood.

Communication beliefs also have an inverse relationship with marital satisfaction. In this way, among women with low marital satisfaction, more destructive communication beliefs are seen (Azadifard & Amani, 2020). Based on this, to target marital commitment and communication beliefs among women, interventions can be implemented on women who have lower marital satisfaction. Among the various interventions that exist in this field, it seems that approaches that use cognitive and behavioral techniques to teach stress management are more effective. Because marital stress includes a significant part of

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spouses' daily stress. Stress in cohabitation is a situation in which couples experience communication and problem-solving problems and find it difficult to accept the differences of the other party while searching for a solution (Khodadust et al., 2021). Based on the vulnerability-stress-adaptation model (Karney & Bradbury, 1995), stressful events have a direct and indirect effect on marital satisfaction. In other words, the amount of stress in life depends on the couple's effort to manage stress and subsequently the amount of marital satisfaction (Randall & Bodenmann, 2009). Despite the fact that stress is an inseparable part of human life, it can leave many destructive and negative effects on the physical and mental systems of people. In this regard, there are programs to deal effectively with stress or control stress, which is called stress management and can have positive effects in reducing stress (Ironson et al., 1997). Stress management using cognitive behavioral methods is one of the skills that can be acquired through training. If this skill is taught to spouses through a suitable training program, it can help them to evaluate stressful situations, emotions and feelings related to it and control them (Zaeri et al., 2020). Actually, controlling stressful stimuli within the individual, within the family and everyday problems and their consequences can reduce the stress of spouses and reduce the stress of other family members (Lopez et al., 2011). Studies have shown that cognitive-behavioral intervention makes stress management more effective and, as a result, improves the quality of life and marital satisfaction (Hasanvandi et al., 2013). Also, stress management helps people to identify stressful situations and learn coping strategies. In fact, correcting beliefs and cognitive evaluations and improving coping skills and exercises provided to combine learned methods with real life situations can lead to a reduction in cognitive stress (Kheiry et al., 2018).

The cognitive-behavioral approach is one of the basic approaches in the field of sexual knowledge and ineffective communication beliefs, and among the goals of this approach is working with couples, increasing positive exchange, teaching the necessary skills for married life, and providing necessary information to couples in various fields (Goldenberg & Goldenberg, 1998). Also, the evidence shows that teaching the correct methods of marital health and cognitive reconstruction can have positive effects on the communication and emotional relationships of couples. Cognitive-behavioral interventions using Beck's instructions, using nuclear techniques, lead to the improvement and promotion of couples' relationships (Lipsey & Landenberger, 2006). These techniques can be cognitive reconstruction through the use of identifying the ineffectiveness of thought records and re-evaluation, behavioral activation after the initial activity, examination of negative automatic predictions, deeper modification of negative thinking patterns about oneself (including average beliefs and core beliefs) and providing the basis for appropriate behavioral exercises (Dattilio, 2005). The effectiveness of cognitive-behavioral approaches on marital satisfaction has already been shown by various researches (Amini et al., 2022; Karimi et al., 2018), but cognitive-behavioral stress management training has not been widely used so far. and the effects of these trainings on marital variables need more research. Therefore, the main aim of the current research is whether cognitive behavioral training improves stress management, marital commitment, and communication beliefs of mothers with low marital satisfaction.

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Material and Methods

This research was a quasi-experimental type in which a pre-test-post-test-follow-up design with a control group was used. The statistical population of this research consisted of all mothers with low marital satisfaction in Tehran, whose children were studying in one of the primary public schools in the 5th district of Tehran in 2022. Convenience sampling method was used to select the sample. The sample size was considered to be 30 based on the logic of the presence of at least 15 subjects in each group for comparison. These people were selected according to the inclusion and exclusion criteria and were randomly assigned to the experimental and control groups. The inclusion criteria were being married, having an elementary school student in region 5, low marital satisfaction (1 standard deviation below the average) and no history of divorce. The exclusion criteria were non-participation in any of the pre-test, post-test or follow-up assessment stages, separation from the spouse during the research and non-participation in more than two sessions of the training intervention. The tools used in this research were as follows:

ENRICH: Marital Satisfaction Scale (EMS). This questionnaire has been used as a reliable tool in various researches to measure marital satisfaction. Fowers and Olson (1993) evaluated this scale as brief but, nevertheless, valid and reliable measure of marital quality. Enrich's main marital satisfaction questionnaire is a 115-item instrument, but in this research, a 35-item version was used that measures four subscales: marital satisfaction, communication, conflict resolution, and ideal distortion. Cronbach's alpha calculated for these four scales is reported in the range of 0.7 to 0.86. Also, the total reliability of the questionnaire was reported as 0.86 in a four-week period of test-retest. This test has been translated and re-translated by Iranian psychologists and linguists, and its validity has been obtained by calculating the correlation of the scores of this test with the marital compatibility test of 0.73. The differential validity of this test has also been investigated by comparing the scores of compatible and incompatible couples in this questionnaire and it has been shown that there is a significant difference in the scores of the two compatible and incompatible groups in this questionnaire. Cronbach's alpha calculated in the Iranian population for the whole questionnaire was 0.87 and for the four scales in the range of 0.7 to 0.91 (Cheraghi et al., 2015).

Dimensions of Commitment Inventory (DCI): This questionnaire was prepared by Adams and Jones (1997) and the questions are scored on a 5-option scale from completely agree to completely disagree. The validity and reliability of this tool has been confirmed in numerous studies. This questionnaire has 44 questions and measures 3 dimensions of marital commitment: personal commitment, commitment to spouse and moral commitment. Adams and Jones (1997) reported the reliability of each sub scale of this inventory as follows: personal commitment 0.91, moral commitment 0.89 and structural commitment 0.86.

Communication Beliefs Questionnaire: In order to measure irrational beliefs in married life, this questionnaire was created as a version of 60 questions by Eidelson and Epstein (1982). Then, the creators of the scale compiled a 40-question version by removing some questions. Eidelson and Epstein (1982) showed in their research that the reliability of the list of related beliefs with Cronbach's alpha for

subscales ranges from 0.72 to 0.82. Also, in the research of Möller and Van Zyl (1991), the internal consistency of the list of communicative beliefs was obtained in the range of 0.74 to 0.83. In the research of Dehghan et al. (2018), the Cronbach's alpha coefficient for the destructive beliefs component of disagreement with spouse is 0.72, mind reading is 0.62, immutability is 0.6, sexual perfectionism is 0.62, and belief in gender differences is 0.64.

Cognitive behavioral therapy stress management training package: Cognitive behavioral therapy stress management training package includes a 10-hour training program. At the end of each session, the members participating in the research are given tasks to carry out until the next session. At the beginning of each session, the curriculum is presented. The content validity of this educational program has been confirmed by an expert approved by the Psychological System Organization. The cognitive behavioral stress management method combines various types of relaxation, visualization and other anxiety reduction techniques with the usual cognitive behavioral approach such as cognitive reconstruction, effective coping training, expressiveness training and anger management (Lopez et al., 2011). The summary of the sessions is presented in Table 1.

Table 1. The summary of sessions of the cognitive behavioral stress management training package

Session	Content
1	The role of group members, explaining the contents of each meeting; Explanations about family conflicts in terms of scope and severity and - the role of family members, psychological, physical and social effects of family conflicts and the necessity of conflict resolution; The definition of stress, the expression of stressful stimuli in the life of the group members, according to their age, socio-economic level, and their family status, and at the end of the meeting, the doubts of the members will be answered.
2	The first five minutes will be a list of the contents of the previous session and then the behavioral and physiological aspects of stress will be investigated.
3	The first ten minutes will be dedicated to the reminder of the previous two meetings and the questions of the members will be answered. Stress was defined as the lack of balance between the demanded and perceived conditions and the person's understanding of the ability to do things, which causes the psychological-social and biological balance of the person to be disturbed and to the negative consequences related to stress such as cardiovascular diseases, migraines, etc. will be mentioned and in the process of the meeting it will be mentioned more about the understanding of the environmental requirements and one's ability.
4	First, the pre-sessions should be summarized and then with concrete examples, the active role of human cognitive processing in creating stress should be emphasized, and at the end of the session, it should be pointed out that one factor can be stressful for one person and not stressful for another, and this is due to the meaning of relativity of stressful stimuli is that it occurs according to different cognitive processing in people. At the end of the meeting, homework will be given to the members.
5	At first, it is focused on the summation of the previous sessions, especially the third and fourth, and then attention is given to the triggers, responses and stressful evaluations of the family and inaccurate and unrealistic evaluations that cause stress, and at the end, practical suggestions are presented.
6	Necessary trainings to challenge stressful beliefs, negative spontaneous thoughts, incorrect beliefs will be taught to people. At the end, recommendations for applying the taught concepts are suggested.
7	Group members will be taught to use social support resources, family and other resources to reduce environmental stressors and cognitive reconstruction. At the end, homework and practical suggestions will be given to the members.
8	While summarizing the trainings of the previous sessions and answering the questions of the group members, behavioral techniques such as relaxation training, exercise, avoiding stressful situations, creating positive and negative reinforcements to increase pleasant, intimate and stress-relieving expressions will be mentioned. At the end of the meeting, recommendations and practical tasks were presented.
9	The previous completion trainings and homework related to sessions 7 and 8 were reviewed about cognitive-behavioral aspects. Members were also taught metacognitive strategies to manage stress.
10	The lessons of the previous 9 sessions will be reviewed and the implementation problems of homework will be taken into consideration. In the end, as a model of action, the list of suggested trainings and techniques to reduce marital tensions and increase understanding and intimacy will be emphasized.

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Procedure: Before the start of the intervention, both groups participated in the pre-test phase, and after that, the experimental group underwent cognitive behavioral stress management training in 10 sessions of 60 minutes. But the control group did not receive any intervention. Then both groups participated in the post-test phase and after 3 months the follow-up phase was done. The data was analyzed using the *Mixed Model Analysis of Variance* method using SPSS-24 software.

Results

The mean and standard deviation of marital commitment and communication beliefs in the pre-test, post-test and follow-up stages for the experimental and control groups are reported in Table 2.

Table 2. Mean and standard deviation of marital commitment and communication beliefs in the pre-test, post-test and follow-up stage in experimental and control groups

Variable	Group	Index	Pretest	Posttest	Follow up	Total
Marital commitment	Experimental	Mean	162.5	175.35	175.14	171
		SD	18.28	20.45	18.77	18.85
	Control	Mean	159.20	158.40	158.80	158.80
		SD	14.85	16.67	15.45	15.51
	Total	Mean	160.79	166.58	166.68	164.68
		SD	16.38	20.18	18.76	18
Communication beliefs	Experimental	Mean	161.90	174.28	174.35	170.19
		SD	13	13.19	14.08	13.18
	Control	Mean	159.33	159.26	158.53	159.04
		SD	14.73	15.86	16.54	15.60
	Total	Mean	160.58	166.51	166.17	164.42
		SD	13.73	16.27	17.14	15.31

The normality of the data was checked by the Kolmogorov Smirnov test and none of the values were significant, indicating that this hypothesis was established. The assumption of sphericity of the data was examined with Mauchly's test of sphericity, which indicated that this assumption is not true for marital commitment ($\chi2=8.02$, df=2, $P<0.05$) and relational beliefs ($\chi2=5.8$, df=2 , $P < 0.05$). Therefore, Greenhouse–Geisser correction was used for the degree of freedom in the analysis of variance. The assumption of homogeneity of variances was also tested with Levene's test that results of which are presented in Table 3.

Table 3. The results of Levene's test to check the homogeneity of the variances of the groups in the dependent variables

Variable	F	DF1	DF2	p
Marital commitment pre-test	1.14	1	27	0.29
Marital commitment post-test	0.99	1	27	0.32
Marital commitment follow-up	1.24	1	27	0.27
Communication Beliefs Pretest	1.02	1	27	0.32
Communication beliefs post-test	0.72	1	27	0.40
Communication beliefs follow-up	0.54	1	27	0.46

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According to the results of Levin's test, it is clear that the assumption of homogeneity of variances is also valid and mixed variance analysis can be performed. The results of this analysis for both dependent variables are presented in Table 4.

Table 4. The results of mixed analysis of variance

Source		Variable	SS	DF	MS	F	p	Eta
Within Subjects	Phase	Marital commitment	712	1.58	450	26.94	0.001	0.05
		Communication Beliefs	692	1.66	415	44	0.001	0.62
	Phase*Group	Marital commitment	861	1.58	545	32.57	0.001	0.54
		Communication Beliefs	796	1.66	477	50.65	0.001	0.65
	Error	Marital commitment	714	42.67	16.74			
		Communication Beliefs	424	42.99	9.43			
Between Subjects	Group	Marital commitment	3233	1	3233	3.64	0.07	0.12
		Communication Beliefs	٢٦٩٨	١	٢٦٩٨	4.28	0.05	0.13
	Error	Marital commitment	٢٣٩٧٤	٢٧	٨٨٧			
		Communication Beliefs	١٧٠٠٦	٢٧	٦٢٩			

According to the table 4, it is clear that the interactive effect of assessment phase and group on both variables of marital commitment and communication beliefs is significant, which shows that the intervention of cognitive behavioral stress management training had a significant effect on the dependent measures. Figure 1 shows the interactive effect of evaluation phase and group on marital commitment.

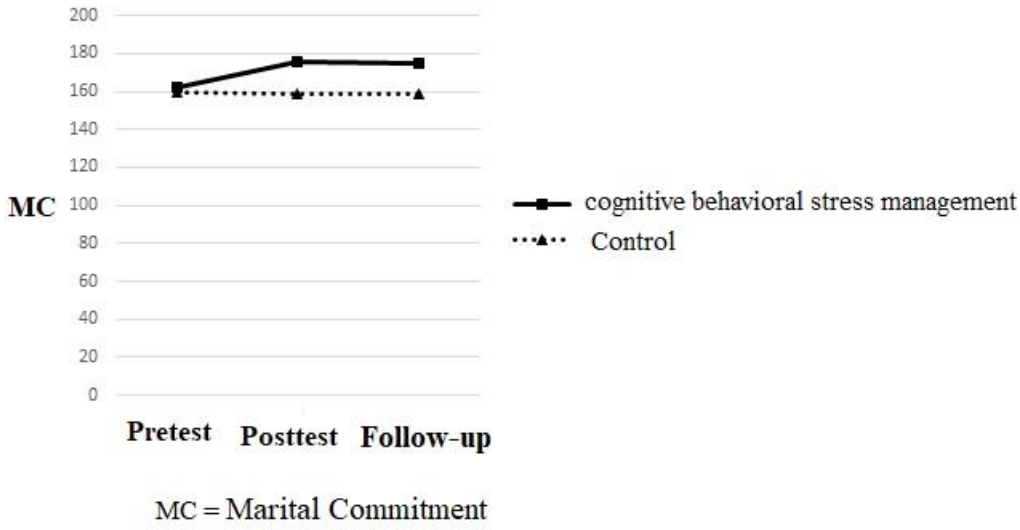


Figure 1. Interactive effect of assessment phase and group on marital commitment

As can be seen in diagram 1, the level of marital commitment for the control group did not change significantly in the pre-test, post-test and follow-up stages, but in the stress management cognitive-behavioral training group, it increased in the post-test stage and remained stable in the follow-up stage. Hence, it is concluded that cognitive behavioral stress management training increases the marital

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commitment of women with low marital satisfaction. Figure 2 shows the interactive effect of evaluation phase and group on communication beliefs.

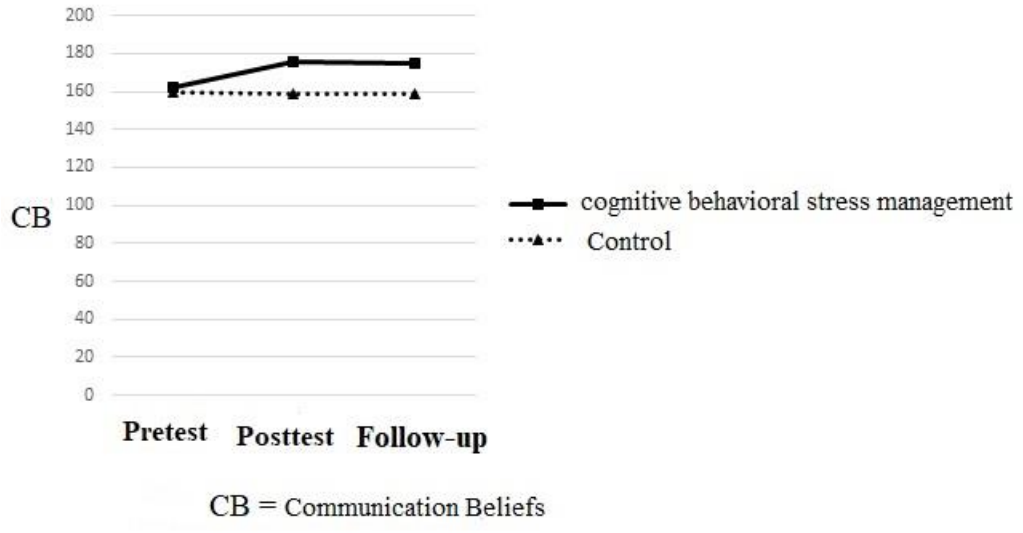


Figure 2. Interactive effect of assessment phase and group on communication beliefs

As can be seen in Figure 2, the amount of communication beliefs for the control group did not change significantly in the pre-test, post-test and follow-up stages, but in the stress management cognitive-behavioral training group, it increased in the post-test stage and remained stable in the follow-up stage. Therefore, it is concluded that stress management training in a cognitive-behavioral way increases the communication beliefs of women with low marital satisfaction.

Discussion

The purpose of this study was to investigate the effectiveness of cognitive behavioral stress management training on marital commitment and communication beliefs of women with low marital satisfaction. To achieve this goal in the form of a quasi-experimental design, two groups of 15 women with low marital satisfaction were selected using accessible method and were assigned to two experimental and control groups. The experimental group received 10 one-hour sessions of stress management training in a cognitive-behavioral way, and after the pre-test, post-test and follow-up analysis results, a group of women with low marital satisfaction who participated in the training sessions showed significant improvement in their marital commitment and communication beliefs. This finding is consistent with the results of previous researches. For example, Najmi et al. (2019) used cognitive behavioral training in a study on couples applying for divorce who went to counseling centers and concluded that the marital commitment of these couples has increased. The mentioned research was done on both couples, while the present research was done only on women. Also, another difference is that in the current research, cognitive behavioral stress management training was conducted, which, although it is similar in nature to the research of Najmi et al. However, these two studies are consistent

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with each other in terms of results and both indicate the significant effectiveness of behavioral cognitive methodology in marital commitment. Also, Pour Farahani et al. (2018) reached the conclusion with an experimental study that behavioral cognitive therapy group was able to significantly increase marital commitment among married women who referred to the psychology clinic.

Cognitive-behavioral skills, relying on a person's emotional experiences, help him to moderate his emotions by controlling his emotions and becoming aware of them, and to prevent the loss of love and attachment towards his spouse. Accordingly, when a person does not find his wife available and responsive and feels insecure and emotionally aroused, he enters a negative cycle of communication. This cycle can lead to the reduction of marital commitment, but by breaking this negative cycle by using cognitive behavioral methods of stress management and emotion control and awareness of their emotions, spouses will look at their relationship from a different perspective, instead of blaming each other, with the help of each other, they improve the relationship and prevent boredom (Najmi et al., 2019). This process during various training sessions can lead to an increase in marital commitment, which was observed in the present study.

Another result of this research was improvement in the communication beliefs of women with low marital satisfaction after receiving cognitive behavioral stress management training. This finding is consistent with the research results of Azam et al. (2016) study. In the mentioned research, cognitive behavioral training was able to significantly reduce ineffective communication beliefs of married women. In addition to the mentioned research, the results of the present research are in line with the findings of the study of Mahintorabi et al. (2011), Abbsi Bourondaragh et al. (2013) and Biranvand et al. (2020). In all of these researches, with a slight difference in techniques and methods, it has been shown that cognitive behavioral methods can significantly affect ineffective communication beliefs and reduce them. In explaining this result, it should be said that the existing theoretical foundations consider the cognitive-behavioral perspective as an effective approach to reduce irrational beliefs, and the ineffective communication beliefs considered in this research are among the irrational beliefs. In explaining this finding, it can be said that, in general, as a result of behavioral cognitive training, people become aware of beliefs that are illogical and realize their unhelpfulness and try to change them. As a result of behavioral cognitive training and based on the principles that they try to change their expectations from their spouse, and have realistic expectations from them in interpersonal relationships. The findings obtained in the present study can have useful implications for family counselors. Family counselors can use cognitive behavioral interventions to increase marital satisfaction. Researchers are suggested to study the effectiveness of cognitive behavioral interventions on other structures related to married life in future studies. The use of self-report questionnaires and conducting the study on couples in Tehran are the limitations of our study, which should be considered in the generalization of the findings.

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