



Comparison of the Effect of Imago Relationship Therapy and Feldman's Integrated Approach on Marital Commitment in Conflicting Couples

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Abstract

Background and Objective: Marriage has always been considered as the starting point of the family and hence is a complex and very delicate form of human relationship. Commitment is one of the critical predictors of an individuals' willingness to stay in a marriage and a determinant factor regarding its time and quality. In this regard, the present study aimed to compare the effectiveness of imago relationship therapy (IRT) and Feldman's integrated approach on marital commitment in conflicting couples in Tehran, Iran.

Materials and Methods: This quasi-experimental applied research was conducted based on a pre-test, post-test, and follow-up design with a control group. The statistical population of this study included all of the conflicted couples who referred to the Department of Women's Affairs in the Post Bank of the District 6 of Tehran municipality and a Psychological Clinic in the District 22 of Tehran municipality in 2018. In total, 30 couples were enrolled in the study who were equally divided into two groups of intervention and control. The required data were collected using the marital conflict questionnaire developed by Barati and Sanei (1998) and marital commitment questionnaire developed by Adams and Jones (1997). Moreover, the collected data were analyzed using the analysis of covariance.

Results: Based on the results, both the IRT and Feldman's integrated approach affected the personal ($F=27.63$, $P<0.001$), ethical ($F=69.70$, $P<0.001$), and structural commitment ($F=40.51$, $P<0.001$). Nevertheless, IRT affected marital commitment more than the Feldman's integrated approach.

Conclusions: It can be concluded that IRT and Feldman's integrated approach can improve the marital commitment of conflicting couples.

Keywords: Commitment, Conflict, Couple therapy, Feldman's integrated approach, Imago relationship therapy

Background

Family is the most essential and fundamental foundation of a healthy society. Only a healthy couple with a peaceful marital relationship can create a healthy family and subsequently help build a healthy community. However, instability and conflict in marital relationships result in the negligence of their success and well-being and have social and economic costs for the family and community [1]. Such situations can lead to divorce which is one of the most critical consequences of conflict in marriage [2].

Marital conflict, as one of the problems of families, is an interactive process in which one or both spouses feel unhappy about some aspects of their relationship and try to somehow solve this issue. Moreover, conflicts in relationships occur when one's behavior does not fit into the expectations of

their partner [3]. One of the factors that lead to marital conflicts between partners is the differences between their thought patterns. In other words, their different ways of thinking might make it difficult for them to understand each other and this results in conflicts [4].

Marital commitment is one of the indicators of marital quality. Marital quality can be defined as the successful and desirable functionality of a marriage, which results from various factors, such as marital adjustment and commitment to each other. Marital quality is considered as one of the most important predictors of continuity and stability of marriage [5].

Marital commitment refers to one's sense of security in a relationship and their understanding of the value of their relationship in the long term.

Commitment is defined as the conscious decision of a person to be attached to a particular act or as a state of affective and rational affiliation to a desirable ideal. In other words, marital commitment means an individual's inclination to maintain a permanent marriage and remain loyal to one's spouse, family, and defined values [6].

Marital commitment consists of three aspects, namely the commitment to the spouse (personal), life (ethical), and social constraints (structural). Commitment is formed based on the level of attachment of the individuals to their spouses and their desire to maintain this relationship with them which results in the couples' interdependence [7].

Communication problems are among the most critical factors that cause conflict between the partners and are resulted from the lack of required skills to begin a healthy and sincere relationship. Different approaches to training couples and enriching marital relationships emphasize the importance of identification of the ideas of people about the causes of problems and help the clients learn the skills that enable them to solve problems. Marriage enrichment programs help couples to recognize the strengths and weaknesses of their relationships and solve the contributing and defining factors of the conflict. They teach couples the cognitive skills, problem- and conflict-solving skills, how to establish communication, and the principles of ethical behavior [8].

Imago Relationship Therapy (IRT) is a form of couple therapy that can effectively improve marital adjustment and commitment. IRT is an intervention that can positively influence ordinary familial and marital issues [9]. In IRT, the therapist plays the role of a facilitator that can help advance the healing process [10]. On the other hand, Feldman's integrated approach establishes a proper and committed therapeutic relationship that allows the therapist to help the individuals identify their thoughts, needs, feelings, goals, values, and commitments [11]. The integrative therapeutic models are founded on traditional cognitive behavior therapy and emphasize a method by which individuals who suffer from emotional disturbances can identify their emotions and respond to them [12].

Many couples become susceptible to disintegration and divorce due to their negative and illogical perception of what happens in their lives and their inability to deal with those thoughts and perceptions. However, if these problems became known and resolved, the couples can have a better understanding of life and protect their marriage from divorce with more intimacy and recognition of family hardiness.

Shamkoian et al. [13] in their research found that intervention with integrative therapy led to a significant increase in the mean scores of post-test sexual performance and its six sub-components in both the control and intervention groups. Moreover, Sheidanfar et al. [14] in their study concluded that both emotionally focused therapy and IRT can influence the marital satisfaction of couples.

Furthermore, the results of a study conducted by Heidari and Honarparvaran [15] indicated that IRT had a significant effect on the survival of the relationship of conflicting couples. Findings of another research carried out by Heidari Richeh et al. [16] revealed the effectiveness of IRT on the attachment styles of women and commitment in couples. Besides, Babakhani et al. [17] in their research found that there was a significant difference between the pre-test and post-test mean scores of the intervention and control groups which means that Feldman's integrated approach increased awareness and commitment in couples, while reduced marital conflicts.

Similarly, Lukot and Moro [18] in their study found that IRT plays an essential role in the improvement of family and marital issues. According to the results of a study performed by Gellert et al. [19], IRT helped couples to develop problem-solving skills and increased their marital satisfaction by resolving their issues. The results of another study carried out by Schmidt and Gelhert [20] showed that empathy should be considered an effective factor in romantic relationships of couples, and empathy plays a vital role in personal change and helps build positive relationships based on empathy and commitment. Therefore, IRT is able to enhance empathy in couples and change unpleasant marital relationships toward desirable relationships. In general, it can be said that commitment plays a vital role in the marital relationship. However, according to the review of the related literature, no study has compared the effectiveness of Feldman's integrated approach and IRT on the marital commitment in conflicting couples.

Objectives

This study aimed to compare the effects of IRT and Feldman's integrated approach on marital commitment in couples in Tehran, Iran.

Materials and Methods

This quasi-experimental applied research was conducted based on a pre-test, post-test, and follow-up design with a control group. The statistical population of the present study included

all the couples who referred to Rooyesh Psychological Clinic in District 22 of Tehran Municipality and the Department of Women's Affairs in the Post Bank in District 6 of Tehran Municipality in 2018. At first, 60 couples were asked to complete the marital conflicts questionnaire and 30 couples selected by simple random sampling from those who scored above 111.

The inclusion criteria consisted of 1) written informed consent for participation in the research, 2) age range of 25-45 years, 3) a score of > 111 in the marital conflict questionnaire, 4) marriage duration of at least two years, 5) at least three months of conflict, 6) lack of physical and psychological illnesses, 7) high school education or above, 8) lack of consumption of psychiatric and psychosocial medication, and 9) no history of IRT or couple therapy with an integrative approach. Finally, 30 eligible couples were selected and randomly divided into three groups of 10 (two intervention groups and one control group). The intervention groups received IRT and couple therapy with Feldman's integrated approach, while the control group received no intervention.

In the present study, the IRT was based on a method developed by Hendrix [21] and Feldman's couple therapy was based on Feldman's integrated approach [22]. At first, subjects from all three groups were tested under the same conditions using dimensions of commitment inventory (DCI) developed by Adams and Jones. The first intervention group underwent couple therapy based on the IRT and the second group underwent couple therapy according to Feldman's integrated approach. However, the control group did not receive any training regarding these two approaches.

After completion of the therapy sessions, all three groups underwent a post-test under the same conditions. In this research, the follow-up stage was performed 60 days after the post-test stage. The intervention was provided for the intervention groups in the form of eight therapy sessions for two months. The selected therapists in the present study were specialists and had many years of experience in couples therapy. Moreover, those who evaluated the outcomes of IRT and Feldman's integrated approach were two couple therapist with 10 years of experiences in this field.

Dimensions of Commitment Inventory

The DCI was developed by Adams and Jones in 1997 and includes 44 items and three sub-scales, namely personal, ethical, and structural commitment. The items were scored based on a five-point Likert

scale ranging from 5 (completely agree) to 1 (completely disagree) and higher scores indicated a higher level of marital commitment. Items 11, 12, 16, 23, 28, 29, 30, 32, 34, 35, 36, and 38 were scored in reverse [23]. In a study conducted on the married employees of the State Welfare Organization of North Khorasan, the Cronbach's alpha for subscales of personal, ethical, and structural commitment as well as the whole questionnaire were 0.66, 0.76, 0.78, and 0.87, respectively [24]. In the present study, Cronbach's alpha for the personal, ethical, and structural commitment as well as the whole questionnaire were 0.70, 0.65, 0.74, and 0.88, respectively.

Marital Conflict Questionnaire

Barati and Sanaci prepared the revised Marital Conflict Questionnaire in 1998. This questionnaire has 54 questions and 8 components of "reduced cooperation", "reduced sexual intercourse", "increased emotional reactions", "increased interest of the children", "increased personal relationship with one's relatives", "reduced relationship with the relatives and friends of the spouse", "split of the finances" and "reduced effective communication". The items were scored based on a five-point Likert scale ranging from 1 (never) to 5 (always). Moreover, items 3, 11, 14, 26, 30, 33, 45, 47 and 54 were scored in reverse. In this instrument, higher scores mean more conflict, and lower scores mean a better relationship [25]. The reliability of the questionnaire for the parents of primary school students in Sanandaj was 0.93 for all of the items by Cronbach's alpha [26]. In the present study, the Cronbach's alpha for all of the questions was obtained at 0.81.

In this research, the descriptive and inferential statistics, including "multivariate covariance" analysis was used to control the "pre-test" variable by considering its assumptions. The mixed variance analysis has been used to investigate the follow-up. Moreover, the two studied methods of couple therapy were compared using the Bonferroni test in SPSS software (version 24).

Results

The results of Table 3 indicate that the Wilkes Lambda is significant (sig=0.001, and F=17.337). The results of this study indicated that the post-test results of the marital commitment dimensions had a significant difference with those of the pre-test stage and the control group. Based on these findings, it can be said that a significant difference has been made in at least one of the dependent variables and impact factor indicates that 70.3% of the difference between the two groups is related to

Table 1. Couple therapy sessions based on the imago relationship therapy (adopted from Hendrix (2013))

Sessions	Targets
<i>First session:</i> Introduction and contract	<p>Targets</p> <ul style="list-style-type: none"> • Establish a relationship • Provide motivation • Decide to work diligently to improve the relationship <p>Methods</p> <ul style="list-style-type: none"> • Introduce the members to each other and their acquaintance • Explain the method of the research and the objectives of the meetings • Promise the group members to use insights gained during the meetings to improve one's marital relationships
<i>Second session:</i> Increase self-consciousness	<p>Targets</p> <ul style="list-style-type: none"> • Review childhood memories and discover the structure of imago (one's mental imagery of him/herself) • Review the history of sincere relationships and communication patterns • Discover the main failures during childhood and how to respond to them <p>Methods</p> <ul style="list-style-type: none"> • Return to the childhood home and browse the memories • Investigate the couples' attachment styles and established patterns of communication • Survey the communication patterns of the parents of spouses • Write the positive and negative characteristics of parents and their impact on the individual • Review the unsatisfied needs that are related to emotional bond and attachment
<i>Third session:</i> Understand your spouse	<p>Targets</p> <ul style="list-style-type: none"> • Deeply understand the spouse • Examine the expectations and needs of the spouse to create and maintain an emotional bond • Investigate the secret programs of the mind and its impact on the current relationships of couples <p>Methods</p> <ul style="list-style-type: none"> • Write the positive and negative characteristics of the spouse • Compare the characteristics of the spouse with her/his mental image (imago) • Check the spouse's unsatisfied emotional needs • Investigate the interplay of his/her mental image with the characteristics of the wife
<i>Fourth session:</i> Unfinished stages of childhood development	<p>Targets</p> <ul style="list-style-type: none"> • Recognise the emotional wounds of one's spouse • Understand the needs and challenges of one's spouse • Send effective and clear messages to each other • Reform the communicative pattern and the couple's beliefs about intimacy <p>Methods</p> <ul style="list-style-type: none"> • Review and summarise the results of the first to third sessions with the spouse • Learn and practice informed conversations • Review the definition of intimacy in the opinion of one's spouse
<i>Fifth session:</i> Close the exit routes	<p>Targets</p> <ul style="list-style-type: none"> • Make a commitment to one's spouse and ensure being together • Identify couples' conflicts and styles of their conflict resolution • Increase the level of intimacy and satisfaction of needs <p>Methods</p> <ul style="list-style-type: none"> • Identify the exit ways (ways to solve conflict) of oneself and one's spouse • Plan to close exit routes and reach a mutual agreement • Train and practice constructive problem-solving techniques
<i>Sixth session:</i> Reminiscence of memories and improvement of the relationship	<p>Targets</p> <ul style="list-style-type: none"> • Create a secure area • Increase intimacy and heal the emotional wounds • Investigate the dimensions of couples' intimacy • Create positive interaction cycles • Increase positive reciprocal behavior and reduce negative behaviors <p>Methods</p> <ul style="list-style-type: none"> • Review past good behaviors and memories • Learn the differences between male and female intimacy styles and justifying them • Identify current ways to please the spouse • Provide unexpected gifts
<i>Seventh session:</i> Expression of anger and forgiveness	<p>Targets</p> <ul style="list-style-type: none"> • Express and release anger in a safe and productive environment • Reduce and resolve past agonies • Heal the emotional wounds <p>Methods</p> <ul style="list-style-type: none"> • Learn and practice controlling anger in a constructive manner (controlled conversation) • Sympathise with and forgive each other for the sake of inflicted emotional damages and decide to compensate for them
<i>Eighth session:</i> Summary and Conclusion	<p>Targets</p> <ul style="list-style-type: none"> • Summarise, conclude, and reach self-integration <p>Methods</p> <ul style="list-style-type: none"> • Summarise the various parts of the denied, lost, false, and true self

Table 2. Couple therapy sessions based on Feldman's integrated approach (adopted from Feldman 1992)

First session: Communication, acquaintance, and empathy	<p>Targets</p> <ul style="list-style-type: none"> • Establish a safe relationship in a way that the couple can follow the treatment orders during the next eight sessions. • Learn the process, objectives, regulations, and rules of the integrated-based program • Express the importance of marital relationship and its role in the mental health of couples <p>Methods</p> <ul style="list-style-type: none"> • Introduce the participants to each other • Explain the general outline of the design of the therapy and her/his expectations from the participants
Second session: Definitions of love and healthy and unhealthy styles of expression	<p>Targets</p> <ul style="list-style-type: none"> • Define love and introduce the phases of growth of a relationship • Learn healthy and unhealthy styles of expression • Learn the patterns of communication <p>Methods</p> <ul style="list-style-type: none"> • Define love and its types • Learn the developmental phases • Learn the features of a healthy and efficient relationship and an unhealthy and ineffective relationship
Third session: The principles of healthy communication	<p>Targets</p> <ul style="list-style-type: none"> • Learn the technique of communication building • Learn the listening and speaking techniques and body language <p>Methods</p> <ul style="list-style-type: none"> • Be cautious about musts and must nots • Focus on the subject • Avoid saying sentences that start with "You."
Fourth Session: The techniques of mindfulness on increasing tenacity	<p>Targets</p> <ul style="list-style-type: none"> • Practical exercise of body scan meditation • Mindfulness and breathing meditation • Stay in the moment and increase the focus of five senses • Learn acceptance and permission <p>Methods</p> <ul style="list-style-type: none"> • Learn breathing techniques, inspecting the body, increasing concentration on emotions
Fifth session: Problem-solving	<p>Targets</p> <ul style="list-style-type: none"> • Learn problem-solving style • Define the problem and prioritize the problems • Recognize the problem <p>Methods</p> <ul style="list-style-type: none"> • Brainstorm solutions • Make decisions and develop plans
Sixth Session: Sexual health	<p>Targets</p> <ul style="list-style-type: none"> • Sexual response cycle • Sexual intercourse and triple steps in a sexual relationship <p>Methods</p> <ul style="list-style-type: none"> • Learn the effects of healthy sexual intercourse on health • Unsafe and safe sex behaviors
Seventh session	<p>Targets</p> <ul style="list-style-type: none"> • Strengthen the functional boundaries and eliminate the dysfunctional boundaries of the system and the subset of the family <p>Methods</p> <ul style="list-style-type: none"> • Inspect the existing triangles around family problems; examine the relationship of each couple with their relatives and balance relationships with relatives and common friends
Eighth session: Summary and conclusion	<p>Targets</p> <ul style="list-style-type: none"> • Summary and conclusion • Emphasise and justify couples to apply educational program achievements • Ask subjects how much the presented materials were able to meet their expectations

the intervention. However, there was a need to determine whether each of the dependent variables has been independently affected by the independent variables. For this purpose, the multivariate analysis of covariance was used and its results are presented in Table 4.

As can be seen in Table 4, the couple therapy in the form of IRT and Feldman's integrated approach affected personal commitment ($F=27.635$ and $\text{sig}=0.001$), ethical commitment ($F=69.700$ and $\text{sig}=0.001$), and structural commitment ($F=40/513$ and $\text{sig}=0.001$) in the post-test stage. Therefore, it

can be said that IRT and Feldman's integrated approach are able to improve the three dimensions of the marital commitment in conflicting couples. Moreover, it should be noted that the ethical commitment subscale improved by 85.3% which was more than the other two dimensions. The mixed variance analysis was used to investigate the stability of the outcomes and its results are presented in Tables 5, 6, and 7.

Table 5 shows the results of Mauchly's sphericity test of marital commitment dimensions, which was used to examine the homogeneity of variance in the Mauchly's sphericity test. In this variable, the Mauchly's sphericity test is significant at the level of 0.05. As a result, the assumption of homogeneity of variances and more precisely, the condition of homogeneity of the covariance matrix was not obtained. Therefore, there was a violation of the F statistics model. Consequently, the Greenhouse-Geisser conservative test was used whose results are presented in Table 6. This test was performed to modify the degree of freedom for the interpretation of F.

According to the results presented in Table 6, there is a significant difference between the groups regarding the marital commitment dimensions.

Accordingly, the results showed that IRT and Feldman's integrated approach were able to maintain their effects in the follow-up stage. Moreover, it should be mentioned that the subscale of moral commitment was more stable than the other subscales. In the following, in order to compare the effectiveness of IRT and Feldman's integrated approach on marital commitment dimensions in conflicting couples, the follow-up Bonferroni test was used whose results are presented in Table 7.

According to the results in Table 7, the difference in the mean scores of marital commitment dimensions was higher in the group that received IRT, compared to that of the group that underwent Feldman's integrated approach and the control group. This indicates that IRT was more effective than Feldman's integrated approach. Moreover, according to Table 7, the subscale of structural commitment experienced a more drastic increase, compared to the other subscales of marital commitment. Therefore, the research hypothesis was approved which said that there is a difference between the effects of IRT and Feldman's integrated approach on the marital commitment of conflicting couples.

Table 3. Results of multi-dimensional tests of the post-test results of marital commitment dimensions

Test type	Ratio	F test	Sig.	Impact coefficient	Statistic power
Pillai's Trace	0.978	7.334	0.001	0.489	0.999
Wilk's Lambda	0.088	17.337	0.001	0.703	0.999
Hotelling's Trace	9.568	33.488	0.001	0.827	0.999
Roy's Largest Root	9.489	72.749	0.001	0.805	0.999

Table 4. Results of the analysis of covariance test of the post-test multivariate analysis of covariance of the marital commitment dimensions

Dependent variables	Mean of squares	d.f	F	Sig.	Coefficient	Statistical power
Personal commitment	216.834	2	27.635	0.001	0.697	0.999
Ethical Commitment	431.861	2	69.700	0.001	0.853	0.999
Structural Commitment	737.705	2	40.513	0.001	0.771	0.999

Table 5. Results of Mauchly's sphericity test of follow-up results of marital commitment dimensions

Research variables	Mauchly's Sphericity	Chi-square statistics	Degrees of freedom	p-value
Personal commitment	0.132	52.741	2	0.001
Ethical Commitment	0.120	52.212	2	0.001
Structural Commitment	0.229	38.359	2	0.001

Table 6. Summary of combined analysis of variance analysis of the dimensions of marital commitment

Dependent variables	Sources of change	F	p-value	Impact Coefficient	Statistical power
Personal commitment	Time	71.782	0.001	0.727	0.999
	Group	20.994	0.001	0.609	0.999
	Time and group interaction	25.985	0.001	0.658	0.999
Ethical Commitment	Time	148.206	0.001	0.846	0.999
	Group	71.200	0.001	0.841	0.999
	Time and group interaction	62.777	0.001	0.823	0.999
Structural Commitment	Time	68.604	0.001	0.718	0.999
	Group	52.277	0.001	0.795	0.999
	Time and group interaction	31.649	0.001	0.701	0.999

Table 7. Paired comparison by Bonferroni test in order to determine the effect of the more effective couple therapy method

Variables	Base group	Comparison group	Mean difference	p-value
Personal commitment	Imago group	Feldman's group	4.333*	0.001
		Control group	4.167*	0.001
	Feldman	Control group	0.167	0.999
Moral commitment	Imago group	Feldman's group	5.033*	0.001
		Control group	6.300*	0.001
	Feldman	Control group	1.267	0.095
Structural commitment	Imago group	Feldman's group	5.667*	0.001
		Control group	6.633*	0.001
	Feldman	Control group	0.967	0.537

* Significant at the level of 0.05.

Discussion

Based on the results, as shown in Tables 3, there was a 70.3% increase in the marital commitment of the participating couples due to the implementation of couple therapy in the form of IRT and Feldman's integrated approach. Moreover, regarding the marital commitment subscales, the results (Table 4) indicated 69.7%, 85.3%, and 77.1% increase in the personal, ethical, and structural commitment. Furthermore, regarding the durability of the effects, the results presented in Table 6 show that the effect of moral commitment was 84.1% more durable than the other subscales. Finally, the Bonferroni post hoc test was used to investigate the difference between the effectiveness of IRT and Feldman's integrated approach on the dimensions of marital commitment in the conflicting couples. The results of this test, according to Table 7, indicated that IRT was more effective, and the structural commitment subscale was the most affected subscale.

Based on the review of the related literature, no previous study had found a difference between the effectiveness of IRT and Feldman's integrated approach on the marital commitment dimensions in conflicting couples. Consequently, the results of this study were not consistent with those of most of the previous studies. However, they were consistent with the findings of the studies conducted by Patterson [27], Holliman, Morrow, Lokot [28], Hendrix, Hunt, Carlson [29].

One of the reasons for the achievement of the current results in the present research can be the fact that IRT is a process through which couples become aware of the unconscious aspects of their relationships and learn to examine the roots of their conflicts, instead of trying to solve them on a surface level. According to IRT, the stages of childhood development, especially one's relationship with his/her parents influence their marital relationships.

Selection of a spouse is not just a conscious process since an essential part of it is guided by unconscious desires to complete the unfinished stages of childhood development and heal the emotional wounds. Through IRT, by

understanding the unconscious processes in themselves, couples can learn the skills they need to heal their childhood emotional wounds and develop healthy behaviors. Therefore, they will be able to take control of their marriage and choose their partners consciously to obtain their required love and intimacy [30].

Power of the IRT is that it first teaches couples how and why conflicts occur, and then provides them with tools and techniques to resolve these conflicts. This theory considers the unfulfilled emotional needs as "wound" and believes that all individuals, regardless of their physical and biological growth, are as emotional as children who seek to fulfill the unsatisfied needs of the early stages of their growth. If partners do not become aware of their needs, after the end of the short romantic stage, there will be power struggles and growing gaps in their relationships [30].

When the couples learn the techniques of this approach, they can identify their emotional wounds and, as children, seek to meet their own needs. Therefore, these needs lead people to their own desired partner so that they can choose a partner that meets the unfulfilled needs of their childhood. The IRT helps the couples learn to be responsible towards their partner; therefore, it is logical that the IRT was more effective on marital commitment, and more specifically the subscale of ethical commitment, in conflicting couples, compared to Feldman's integrated approach.

Conclusions

According to the findings, couple therapists can use these two approaches as interventions in couple therapy sessions to increase marital happiness and improve the quality of the couples' lives.

Ethical Considerations

All the ethical considerations were respected in the present study. In this regard, the participants were informed about the purpose of the research and its implementation stages. Moreover, written informed consent was obtained from all the subjects. They were also assured about the confidentiality of their information and were allowed to leave the study whenever they wished. Furthermore, they could have access to the results of the research if they desired.

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Conflicts of Interest

The authors declare that there was no conflict of interest in this research. This study was derived from a thesis submitted in partial fulfillment of the requirement for the degree of doctor of philosophy. Moreover, it was approved by Decree No. 61521602971002 on December 20, 2017, by the Graduate Council of Islamic Azad University, Sanandaj Branch, Iran.

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