

# Explanation of the Model of Marital Commitment Based on Object Relations with the Mediating Role of Emotion Regulation

Mina. Rajabi<sup>1</sup>, Majid. Zargham Hajebi<sup>2\*</sup>, Nader. Monirpour<sup>2</sup>

<sup>1</sup> PhD Student, Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran

<sup>2</sup> Associate Professor, Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran

\* Corresponding author email address: zarghamhajebi@qom-iau.ac.ir

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## ABSTRACT

**Objective:** Marriage is the most significant and important event in an individual's life, and a healthy marriage necessitates several elements including intimacy, commitment, and satisfaction. The present study aims to explain the model of predicting marital commitment based on object relations with the mediating role of emotion regulation.

**Materials and Methods:** The statistical population of this study included all married couples residing in the city of Qom in 2023, totaling 7,634 individuals. From this population, 148 women and 110 men were selected through purposive sampling. This research utilized a descriptive-correlational and structural equation modeling design. Participants completed the Marital Commitment Inventory (DCI) by Adams and Jones (1997), the Emotion Regulation Scale (ACS) by Williams et al. (1997), and the Object Relations Scale by Bell et al. (1995). Data analysis was conducted descriptively and inferentially using SPSS-28 and AMOS-24 software. The relationships between variables were analyzed using Pearson correlation and path analysis, and the mediating role was tested using the Sobel method.

**Findings:** The findings of this study indicated that the mediating role of emotion regulation in the relationship between object relations and marital commitment was confirmed ( $p < .05$ ). The indirect effect of object relations on marital commitment was -0.319.

**Conclusion:** The results showed that considering the complex reciprocal influence of topics emerging in couples' interactions and experiences, as well as the role of emotion regulation, can provide valuable insights into the factors that contribute to the success and longevity of relationships.

**Keywords:** Marital commitment, Emotion regulation, Object relations, Couples.

## 1. Introduction

In recent years, one of the social harms in communities has been the instability of marriages. This is because maintaining marriage stability and proper communication between spouses has become more challenging. Therefore, examining the impact of relevant clinical interventions in resolving marital conflicts seems crucial (Safavi et al., 2022). Disillusionment and lack of marital commitment among couples lead to reduced love and affection, increased hostile behaviors, and ultimately infidelity, extramarital behaviors, and emotional or even formal divorce, which pose significant threats and harm to the family and society (Ahmadzadeh Aghdam et al., 2021).

Every successful marriage encompasses three foundations: commitment, attraction, and understanding. Among these factors, marital commitment is the strongest and most enduring predictor of marital quality and stability (John et al., 2017). Commitment is divided into three distinct types: commitment to the spouse or personal commitment, moral commitment, and obligatory commitment. Personal commitment refers to the individual's interest and willingness to continue the marital relationship. Moral commitment reflects the extent to which an individual feels committed to continuing the relationship. In structural commitment, the individual feels compelled to remain in the relationship due to external factors such as cultural and societal norms (Dew et al., 2018).

On the other hand, marital commitment and satisfaction, and spouses' commitment to each other are correlated with communication patterns and marital satisfaction. Specifically, compared to other couples, spouses with higher marital commitment and satisfaction exhibit more coherent communication patterns. Communication patterns have a direct impact on marital satisfaction and stable commitment in marital relationships, and they also serve as a link between gender attitudes and marital satisfaction (Yu et al., 2022).

Some studies have also shown that couple therapy based on object relations can enhance marital intimacy in couples with severe borderline personality organization (Safavi et al., 2022). Object relations theorists believe that personality is structured in patterns of emotions, behaviors, and thoughts due to changes in early and current relationships. Therefore, object relations theory defines an individual's internal structure in a social context with an emphasis on the role of interpersonal interactions in both personality development through relationships with primary caregivers and the creation and maintenance of psychological and behavioral

patterns in current relationships with family, friends, or colleagues (Poulton, 2012).

The object relations perspective emphasizes the internalization, structuring, and reactivation of the earliest dyadic object relations in the clinical setting (transference and countertransference). Internalization of object relations refers to all the interactions a baby or child has with significant others. The child internalizes an image, a representation of a person, or a representation of a person interacting with the object. From the object relations theory perspective, an individual grows up with distorted expectations of others and unconsciously forces intimate people to conform to such internal role patterns. One of the main sources of marital conflicts is spouses who project their hateful aspects onto their partner and then struggle with these traits in their spouse. Additionally, a couple may intuitively assign inappropriate family roles to their children. Unresolved psychological conflicts with the original family continue to manifest in intimate relationships with the spouse and children. Couples' efforts to resolve internal conflicts through interpersonal relationships are the focal point of all observed problems in troubled marriages and families (Honarparvaran, 2017).

To address such issues, object relations couple therapy assumes that humans are prone to problematic stabilizing interaction patterns because they form their current relationships based on unconscious communication patterns developed in early life (Glick et al., 2015). This approach posits that current communication problems reflect core family issues, as individuals have idealized beliefs about marital relationships and seek to fulfill unmet childhood needs with their parents in a marital relationship (Siegel, 2020). The advantage of focusing on object relations is that, unlike most couple therapy perspectives, it addresses unconscious desires and unrealistic expectations that can drive couples into cycles of marital conflicts. Couples can change their perspectives and behaviors by recognizing that their problems stem from undesirable patterns in their previous family. This approach also attempts to explain current interactions in terms of past internalizations. This model allows therapists to focus on both past and present periods simultaneously (Glick et al., 2015).

On the other hand, emotions and feelings are an essential aspect of daily life, capable of enhancing or harming an individual's health and playing a significant role in various cognitive processes. Therefore, the capacity to regulate or modify emotional states is key to maintaining mental health (Compas et al., 2017). Emotion regulation is defined as the

use of mechanisms, skills, and strategies aimed at maintaining, enhancing, or suppressing an existing emotional state. Emotion regulation involves awareness of one's emotional state and using strategies to manage mood. Various studies have shown that when individuals cannot effectively regulate their emotions, distress may persist over time, leading to psychological pathology symptoms and general health problems (Pylypow et al., 2017). Hence, emotion regulation is considered a higher cognitive activity when facing adverse events in social life (Weiss et al., 2018). Emotion regulation refers to efforts to influence emotions in oneself or others. Over the past few decades, emotion regulation has become a popular topic in many psychology subfields (McRae & Gross, 2020). Emotion regulation encompasses all three proposed aspects of cognitive control: updating, inhibition, and shifting, applied in emotional contexts (Miyake & Friedman, 2012). Studies on adults have shown that deficiencies in updating emotional content in working memory are associated with difficulties disengaging from persistent negative thinking in mental health problems such as affective disorders (Koster et al., 2011). Poor emotional inhibitory capacity is associated with attentional biases toward disorder-related information, such as threatening information in anxiety disorders in adults (Bar-Haim et al., 2007). Deficits in the ability to flexibly shift from maladaptive response patterns to selecting appropriate self-regulation strategies are associated with both internalizing (e.g., affective disorders, anxiety disorders) and externalizing (e.g., addiction) mental health problems in adults (Aldao et al., 2010; Bonanno & Burton, 2013). Therefore, adult literature indicates that deficiencies in all three aspects of emotion regulation are associated with mental health problems. Additionally, the ability to regulate or control emotions is crucial for healthy development and functioning in multiple psychological domains, while difficulties in emotion regulation are recognized as a risk factor for a range of adverse outcomes in childhood, adolescence, and adulthood (Paley & Hajal, 2022). Thus, examining the unique and common aspects of emotion regulation measures enhances our understanding of it as a multidimensional construct. Additionally, cognitive emotion regulation plays a role in increasing marital commitment, and by improving flourishing, self-compassion, and teaching cognitive emotion regulation strategies, marital commitment can be enhanced (Bordbari et al., 2022).

Research in the field of marital relationships and commitment has shown that emotion regulation can play important roles in marital commitment. Emotion regulation

plays a significant role in marital commitment, which means the ability to manage and control one's emotions and feelings in the relationship. Individuals who can regulate their emotions and handle them healthily may have healthier and more stable marital relationships. Given these points, studies have shown that emotion regulation may act as a mediating factor in marital commitment. In other words, this factor may influence marital commitment through its effect on object relations and emotions in couples. Therefore, considering the research literature, the present study seeks to fill the gap in the topic of couples by asking whether the explanation of the model of marital commitment based on object relations with the mediating role of emotion regulation has a good fit.

## 2. Methods and Materials

### 2.1. Study Design and Participants

a) Research Design and Participants: The present research is applied in terms of its goal and descriptive-correlational in nature, specifically based on structural equation modeling. The statistical population consisted of all married couples in Qom in 2023, totaling 7,634 according to national civil registration statistics. The sample size, considering the optimal sample size in structural equation modeling research as suggested by many researchers, should be at least 200 individuals. Using purposive sampling and online platform notifications (Telegram, Eitaa, Instagram) as well as referrals from the counseling center (Farhan), 300 individuals were selected. After sample attrition, 258 participants remained. The data obtained were assessed using Pearson correlation tests, and the research model was tested using path analysis. The mediating relationships were examined using the Sobel method. Data analysis was conducted with SPSS version 28 and Amos version 24 software. The maximum alpha error level for hypothesis testing was set at 0.05 ( $p < 0.05$ ).

Inclusion Criteria: 1) Residency in Qom; 2) Minimum education (literacy); 3) Being married and having a minimum of one year of shared life; 4) No chronic illnesses (psychotic disorders, physical and mental disabilities); 5) No substance abuse; 6) Informed consent to participate in the study. Exclusion Criteria: 1) Being in the stage of emotional or legal divorce; 2) Non-participation in couples therapy sessions; 3) Failure to complete the questionnaires.

2.2. Measures

2.2.1. Emotion Control

The Emotion Control Scale, developed by Williams et al. in 1997, is a self-assessment tool measuring individuals' emotional control levels and includes 42 items with four subscales: anger, depressed mood, anxiety, and positive emotion. Responses are scored on a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree), with 12 items (4, 9, 12, 16, 17, 18, 21, 22, 27, 30, 31, and 38) reverse scored. The total emotional control score is obtained by summing the related item scores, ranging from 42 to 294, with higher scores indicating better emotional control. The internal consistency and test-retest reliability for the overall scale were reported as 0.94 and 0.78, respectively, and for the subscales of anger, depressed mood, anxiety, and positive emotion as 0.72 and 0.73, 0.91 and 0.76, 0.89 and 0.77, and 0.84 and 0.64, respectively, with convergent and divergent validity confirmed (Williams et al., 1997). The internal consistency (Cronbach's alpha) for the total emotional control score in Iran was reported as 0.84 and for the subscales of anger, depressed mood, anxiety, and positive emotion as 0.68, 0.84, 0.87, and 0.64, respectively (mohammadi et al., 2022). In the present study, the internal consistency values for the total emotional control score were 0.93 and for the subscales of anger, depressed mood, anxiety, and positive emotion as 0.85, 0.78, 0.81, and 0.84, respectively.

2.2.2. Object Relations

Designed by Bell in 1995, this inventory includes 90 items, with 45 items assessing object relations and 45 items assessing reality testing or ego functions, rated on a yes/no scale. Items 1, 7, 8, 15, 21, 30, 37, and 42 are reverse scored.

The cutoff score is 60, clinically significant. The inventory measures four object relations factors: alienation, insecure attachment, egocentricity, and social incompetence, and three reality testing factors: reality distortion, perceptual uncertainty, and delusions/hallucinations (Bell et al., 1986). The validity of the inventory was confirmed by correlations with the Positive and Negative Syndrome Scale (0.21 to 0.29) and the Minnesota Multiphasic Personality Inventory (0.67 to 0.75). The reliability in a four-week and thirteen-week retest was reported as 0.58 to 0.90 for the object relations subscales. Cronbach's alpha for the total scale was 0.76 (Honarparvaran, 2017). In this study, Cronbach's alpha for the total scale was 0.86 and for the subscales of alienation, insecure attachment, egocentricity, and social incompetence were 0.82, 0.79, 0.76, and 0.80, respectively.

2.3. Data analysis

Data analysis was conducted descriptively and inferentially using SPSS-28 and AMOS-24 software. The relationships between variables were analyzed using Pearson correlation and path analysis, and the mediating role was tested using the Sobel method.

3. Findings and Results

In terms of demographic characteristics, among the participants, 148 (57.4%) were women and 110 (42.6%) were men. Regarding education level, the most frequent education levels were Bachelor's degree with 83 participants (32.2%), high school diploma with 65 participants (25.2%), Master's degree and Ph.D. with 55 participants (21.3%), and Associate degree with 21 participants (8.1%). The average age of the respondents was 37.59 years, with an age range from 23 to 58 years. The average duration of marriage was 8.60 years, ranging from 3 to 28 years.

**Table 1**

*Descriptive Statistics of Main Variables*

Variables	Mean	Standard Deviation	Skewness	Kurtosis
Object Relations				
Alienation	3.99	1.68	-0.004	-0.519
Insecure Attachment	5.14	2.25	-0.065	-0.635
Egocentricity	4.52	3.10	0.752	-0.142
Social Incompetence	3.83	2.36	0.833	0.384
Total	17.48	7.73	0.502	-0.029
Emotion Regulation				
Anger	31.43	6.59	0.150	0.114
Depressed Mood	28.99	8.24	0.110	0.065
Anxiety	41.68	10.35	-0.024	0.665

Positive Emotion	35.02	6.74	0.072	0.765
Total	137.11	27.39	0.040	0.359
Marital Commitment				
Commitment to Spouse	37.67	7.15	-0.740	0.720
Commitment to Marriage	42.61	7.72	-0.561	0.091
Obligatory Commitment	80.23	14.11	-0.811	0.390
Total	160.51	26.92	-0.774	0.324

Examining the means in Table 1 showed that the overall mean score for the object relations scale was 17.48, with the lowest mean for the social incompetence subscale at 3.83 and the highest mean for the insecure attachment subscale at 5.14. The overall mean score for the emotion regulation scale was 137.11, with the lowest mean for the depressed mood subscale at 28.99 and the highest mean for the anxiety subscale at 41.68. The overall mean score for marital

commitment was 160.51, with the lowest mean for the commitment to spouse subscale at 37.67 and the highest mean for the obligatory commitment subscale at 80.23. Skewness and kurtosis indices were used to determine the distribution status of the data (univariate normality assumption test). For skewness and kurtosis, if these statistics are between -2 and +2, it indicates the univariate normality of the distribution.

**Table 2**

*Pearson Correlation Matrix Between Main Variables*

Variables	Object Relations	Emotion Regulation	Marital Commitment
Object Relations	1		
Emotion Regulation	-0.52**	1	
Marital Commitment	-0.43**	0.59**	1

\*\*p ≤ .01

The results in Table 2 showed that there was a statistically significant relationship between the two variables of object relations and emotion regulation with the dependent variable of marital commitment ( $p < .05$ ). The direction of the relationship between object relations and marital commitment was negative, indicating that an increase in object relations was associated with a decrease in marital

commitment. The direction of the relationship between emotion regulation and marital commitment was positive, indicating that an increase in emotion regulation was associated with an increase in marital commitment. The strength of the correlations showed that the strongest relationship with marital commitment was emotion regulation ( $r = 0.59$ ) and object relations ( $r = -0.43$ ).

**Table 3**

*Model Fit Indices*

Indices	Acceptable Value	Result
R <sup>2</sup>	> .33	.57
GFI	> .90	.93
RMSEA	< .08	.069
CFI	> .90	.91
NFI	> .90	.87
IFI	> .90	.86
AGFI	> .90	.92
PGFI	> .70	.74
Chi-Square/df	1 ≤ Index ≤ 5	3.25

As Table 3 shows, all the fit indices were within the acceptable range.

**Table 4**

*Sobel Test of the Mediating Role of Emotion Regulation in the Relationship Between Object Relations and Marital Commitment*

Path	Indirect Effect	t Value	p Value	Result
Object Relations -> Emotion Regulation -> Marital Commitment	-0.319	4.75	< .001	Confirmed

The results in Table 4 showed that the mediating role of emotion regulation in the relationship between object relations and marital commitment was confirmed ( $p < .05$ ). The indirect effect of object relations on marital commitment was -0.319. According to the findings, the indirect effect of object relations on marital commitment (mediated by emotion regulation) was confirmed.

The examination of the coefficient strengths showed that the strongest effect on the dependent variable of marital commitment was from emotion regulation ( $\beta = 0.47$ ) and object relations ( $\beta = -0.42$ ).

**4. Discussion and Conclusion**

The aim of the present study was to explain the model of predicting marital commitment based on object relations with the mediating role of emotion regulation. The results showed that the mediating role of emotion regulation in the relationship between object relations and marital commitment was confirmed ( $p < .05$ ). This finding is consistent with prior studies (Fardad et al., 2021; Hosu & Năstasă, 2020; Matoso, 2020; Mazzuca et al., 2018; Nikosefat & Gharehbaghy, 2020).

From the perspective of object relations couple therapists, intimacy and commitment grow through a dynamic process in which one partner expresses personal feelings, thoughts, and information, and receives a response from the other partner that creates a sense of being understood, validated, and cared for. Through the internalization of these interactions, individuals form overall representations that reflect the level of intimacy and meaningfulness of the relationship (Hosu & Năstasă, 2020). As a result, an intimate relationship provides a sense of being understood for both partners. They feel comfortable expressing their concerns to each other and feel that their openness is reciprocally understood and, more importantly, accepted. Coleman believes that repeated pleasant interpersonal experiences between couples throughout their lives lead to the formation of an internal object that is experienced as a recipient, reflector, and analyzer when needed. This "container for intimacy and commitment" plays a vital role (Hosu & Năstasă, 2020). Without emotional recognition, couples

degenerate into a form of communication that is covered by illusions and fantasies (Wrottesley, 2018). In romantic relationships, couples project their repressed internal objects onto each other and force their partners to accept these roles through a process of projective identification. The growth of intimacy and commitment requires reorganizing a represented world that is fundamentally formed in childhood (Glick et al., 2015). Through object relations, couples learn to use self-control in their relationships to free themselves from the system of mutual projection and accept the other as they are. Insight into projected patterns in current relationships within a safe therapeutic environment is considered the basis for change (Mobassem et al., 2012). Couples need to develop the ability to access their feelings and emotions during interactions with each other and to differentiate between the current relationship and past disappointing experiences. Additionally, learning skills for caring and maintaining each other in emotional and conflict-provoking situations enables couples to effectively address mutual needs and life challenges, viewing each other as individuals with strengths and weaknesses, rather than perfect beings. In marital relationships, if spouses project their internal bad objects onto each other instead of playing the role of a couple caregiver, and force their partners to accept these roles through mutual identification, a relationship based on internal assumptions rather than intimacy is formed between them.

In explaining this finding, it can be said that object relations refer to the themes, goals, and shared values that couples create over time in their marriage. These themes help provide meaning and purpose to the relationship. Marital commitment is the dedication and intention to maintain and invest in the relationship long-term. It is a key predictor of marital stability and satisfaction. Research shows that object relations are positively related to marital commitment. Couples who create strong shared themes tend to report higher levels of commitment to their marriage. Emotion regulation refers to the ability to regulate and manage emotions, especially in challenging situations. Emotion regulation may play a key mediating role in the link between object relations and marital commitment. Couples

with strong shared themes may be better able to regulate their emotions, which in turn enhances their commitment. Shared themes provide a foundation for regulating and controlling emotions. When couples have a stronger shared purpose, they can better frame conflicts and challenges in a positive light and maintain emotional control. Emotion regulation allows couples to overcome challenges while remaining committed to their shared perspective. When problems arise, couples with high emotional regulation can manage their reactions, communicate effectively, and stay focused on their relationship goals. Emotion regulation facilitates positive interactions and behaviors that build commitment over time. Finally, couples who can control their emotions tend to resolve conflicts, show affection, and provide constructive support, all of which contribute to marital commitment. In summary, while more research is needed, it can be said that emotion regulation may be one of the key mechanisms by which object relations are associated with higher levels of marital commitment. Couples who have strong shared themes and the ability to regulate their emotions and feelings are likely to maintain high levels of dedication to the continuation of their marriage.

## 5. Limitations & Suggestions

Among the limitations of this study, it can be noted that since the collected data from the samples were limited to a specific geographic area, generalizing the findings to all couples faces limitations. Additionally, considering the significant importance of examining intervening variables in generalizing the results, other limitations include not controlling for the number of children, simultaneous caregiving for parents, and economic and welfare status. Therefore, it is suggested to first test and replicate the proposed model in couples' treatment centers and neighborhood centers to expand its generalizability. Secondly, longitudinal studies that follow couples over time can help clarify the directionality of these relationships.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contributed in this article.

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