

Universitas Negeri Padang & Ikatan Konselor Indonesia

Editorial Office: Jurusan Bimbingan dan Konseling I Faculty of Education I Universitas Negeri Padang

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Volume 14 Number 4 2025



KONSELOR

ISSN 1412-9760 (Print) | ISSN 2541-5948 (Online)

Editor: Rima Pratiwi Fadli

Publication details, including author guidelines

URL: <https://counselor.pjj.unp.ac.id/index.php/konselor/about/submissions>

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Article History

Received: Monday, October 06, 2025

Revised: Sunday, December 07, 2025

Published: Wednesday, December 31, 2025

How to cite this article (APA)

Wasono, A., Sugiharto, D. Y. P., Nuzulia, S., & Arinata, F. S. (2025). Psychological interventions for enhancing marital commitment: A systematic review. *KONSELOR*, 14(4), 358–364. <https://doi.org/10.24036/02025144147-0-86>

The readers can link to article via <https://doi.org/10.24036/02025144147-0-86>

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Psychological Interventions for Enhancing Marital Commitment: A Systematic Review



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Abstract: Declining marital commitment weakens family stability and psychological health, increasing the need for evidence-based couple interventions. This systematic review consolidates empirical studies on psychological interventions aimed at strengthening marital commitment among married couples. Searches in Scopus, ProQuest, and Google Scholar covered publications from 2018 to 2025 using keywords related to marital commitment and psychological couple interventions. From 151 records, 15 duplicates were excluded, 136 titles and abstracts were screened, and 46 full texts were evaluated. Thirty-seven studies were discarded because they either did not measure marital commitment or did not meet design criteria. Seven studies met all the inclusion criteria. The methodological quality was assessed with the Mixed Methods Appraisal Tool. The diversity in study designs, formats, samples, and outcome measures precluded meta-analysis, so a narrative synthesis was conducted. Five categories of interventions were identified: cognitive-behavioural therapy (three studies), skills-based training in communication and conflict resolution (two randomised trials), acceptance and commitment therapy (one study), emotion-focused therapy (one study), and solution-focused brief therapy (one randomised trial). Cognitive-behavioural therapy and skills-based approaches showed the most consistent improvements in marital commitment, mainly through cognitive restructuring and enhanced communication. Acceptance-based and emotion-focused therapies showed some benefits but have limited replication; additionally, trials involving motivational interviewing were ineligible. Overall, current evidence most strongly supports cognitive-behavioural therapy and skills training. However, small sample sizes, short follow-up periods, and varied measures of commitment limit the ability to generalise findings, highlighting the need for large, longitudinal studies using standardised instruments across diverse cultural populations. Future research should focus on standardised commitment measures, transparent randomisation processes, and more extended follow-up periods beyond 12 months to evaluate long-term effectiveness and mechanisms across different contexts.

Key Words: Marriage commitment; Psychological intervention; Marriage satisfaction

INTRODUCTION

The institution of marriage faces mounting global strain as economic pressures, rising individualism, and digital distractions undermine relational stability. These dynamics have contributed to rising divorce rates in many developed countries since the late twentieth century, raising concerns about family continuity and psychological well-being across generations. Marital commitment is a central determinant of relationship sustainability and quality between spouses, serving not only as the foundation of long-term partnership but also as a protective factor for individual and family psychological well-being. In psychological scholarship, marital commitment is conceptualised as a psychological state reflecting an individual's intention and willingness to maintain a marital relationship

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despite challenges and conflict. Rather than a unitary construct, commitment is widely understood as multidimensional. Early foundational work distinguished dedication commitment, referring to personal desire and attachment to the relationship, from constraint commitment, referring to perceived costs and barriers to dissolution (Stanley & Markman, 1992). Extending this framework, Johnson, Caughlin, and Huston (1999) formalised the tripartite model of marital commitment, comprising personal commitment (desire to remain married), moral commitment (a sense of ethical or value-based obligation to marriage), and structural commitment (investments and constraints that make leaving costly). Together, these models underscore that marital commitment involves motivational, moral, and contextual components that psychological interventions may differentially influence.

A range of psychological interventions has been developed to strengthen marital functioning and commitment through distinct mechanisms. Cognitive Behavioural Therapy (CBT) targets dysfunctional cognitions and maladaptive attributional patterns that undermine personal commitment and constructive problem-solving within couples (Shafaghi et al., 2024; Farabi et al., 2023; Vincent & Chandramohan, 2024). Acceptance and Commitment Therapy (ACT) emphasises psychological flexibility, mindfulness, and values-based action, which may help couples sustain commitment and moral responsibility under relational stress (Makarti & Yudianto, 2022; Rehlina, 2024). Emotion-Focused Therapy (EFT) focuses on strengthening emotional bonds and attachment security, thereby supporting relational stability and emotional investment (Asadi et al., 2020). Communication and conflict-resolution training equips couples with skills to manage disagreements constructively, reinforcing structural investment and preventing escalation of destructive interaction patterns (Afdilla, 2022; Nkurunziza et al., 2025).

Among these approaches, Motivational Interviewing (MI) has been proposed as a collaborative, non-confrontational method to enhance intrinsic motivation and resolve relational ambivalence (Miller & Rollnick, 2013). Conceptually, MI may be particularly relevant for strengthening the personal commitment dimension by fostering autonomous motivation for relationship maintenance. However, although MI has demonstrated effectiveness in increasing readiness to change and improving communication in relational contexts, empirical evidence directly linking MI to measured marital commitment outcomes remains limited and methodologically inconsistent. Consequently, claims regarding MI's superiority in enhancing marital commitment must be interpreted cautiously and verified through rigorous trials that employ commitment as a primary outcome.

Cultural and religious contexts further shape marital commitment, particularly within collectivist societies where marriage is closely aligned with communal values and sacred norms. Integrative interventions that incorporate cultural and spiritual meanings have been shown to reinforce moral commitment and internal motivation to preserve marital relationships (Salehi et al., 2025). In parallel, technological developments have expanded opportunities for digital and hybrid interventions, increasing accessibility for younger couples and those in geographically remote areas. Preliminary findings suggest potential benefits for relationship functioning and commitment, although robust randomized controlled trials remain scarce (Yudani & Afiatin, 2018; Triwanti & Ratnasari, 2024).

Despite the growing body of research, the literature on psychological interventions for marital commitment exhibits notable limitations. Existing studies are characterized by heterogeneous designs, small sample sizes, inconsistent measurement instruments, and a predominance of Western populations, which constrains generalizability. Long-term follow-up data are rare, leaving the sustainability of commitment changes insufficiently understood. Moreover, tailored interventions for culturally diverse couples, minority groups, and non-heterosexual relationships remain underrepresented, while evidence for digital interventions is still emergent.

Accordingly, this systematic literature review aims to synthesize empirical evidence on psychological interventions targeting marital commitment and to identify critical gaps that can inform future research. Specifically, the objectives are to: (1) categorize psychological interventions used to enhance marital commitment, including CBT, ACT, EFT, skills-based training, and MI; (2) evaluate the effectiveness of these interventions in strengthening commitment across study designs and methodological quality; (3) identify gaps related to longitudinal evidence, cultural diversity, and digital delivery; and (4) formulate recommendations for future randomized controlled trials to support clinical translation.

METHOD

This systematic review employed a structured, replicable search strategy across three major databases: Scopus, ProQuest, and Google Scholar. Searches covered publications from 2018 to 2025 to capture recent advances. The Boolean search strings combined keywords for the population and interventions as follows: ("marital commitment" OR "marriage commitment") AND ("psychological intervention" OR "cognitive behavioural therapy" OR CBT OR "acceptance commitment therapy" OR ACT OR "emotion focused therapy" OR EFT OR "motivational interview" OR MI OR "couples therapy").

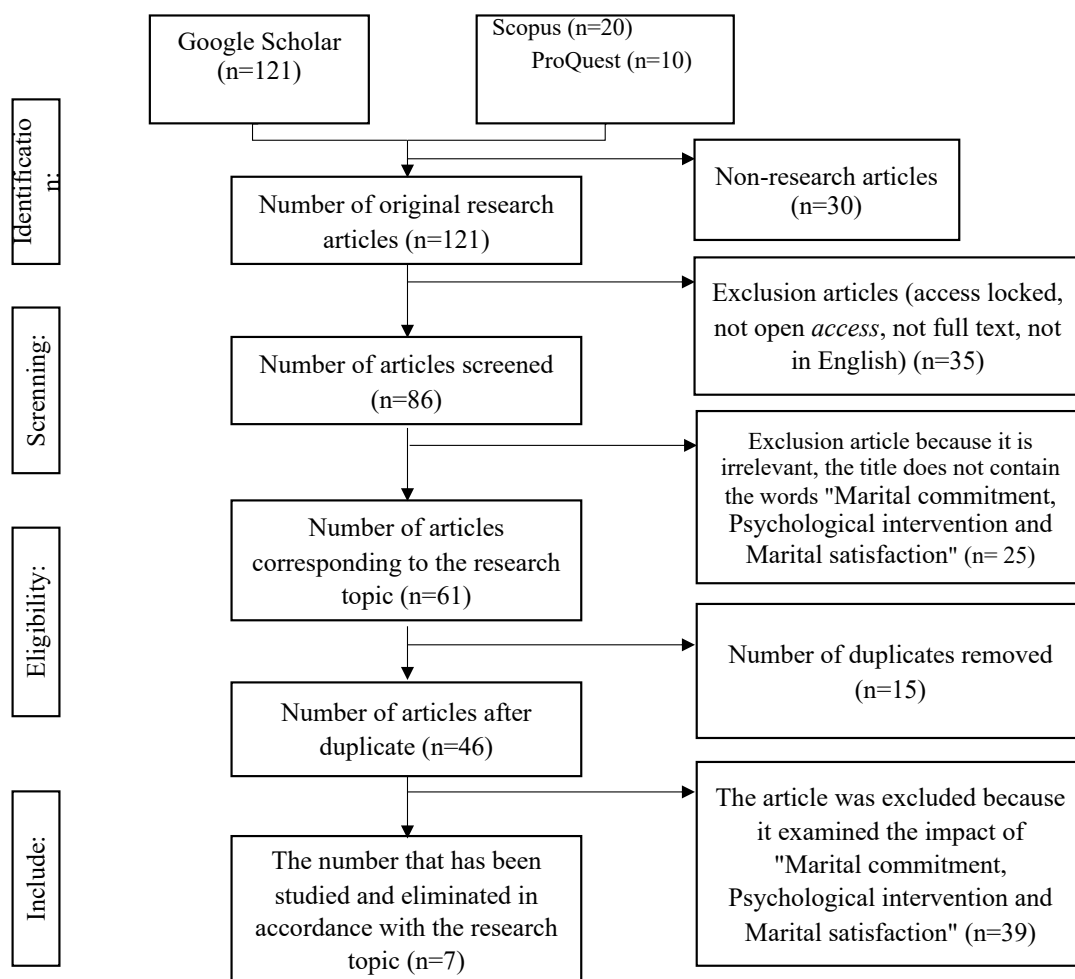


Figure 1. Proses Systematic Literature Review

We aimed to identify empirical studies that investigate psychological interventions targeting marital commitment. Keywords were refined through expert consultation and pilot searches to balance sensitivity and specificity. Inclusion criteria followed the PICOS framework: Population, married couples of any age or cultural background; Intervention, any psychological intervention targeting marital commitment; Comparator, control or no-intervention groups; Outcomes, validated measures of marital commitment; Study design, randomised controlled trials (RCTs), quasi-experimental designs, or longitudinal studies. Exclusion criteria included: non-empirical articles, reviews, studies not reporting commitment outcomes, studies of populations other than married couples, and non-English language publications. Articles were not excluded solely because of access restrictions to uphold research rigour and transparency.

Two reviewers conducted a multi-stage screening process to minimise selection bias. Initially, duplicates were removed, and titles and abstracts were screened against the inclusion criteria. Full-text

articles were then assessed for eligibility. Disagreements were resolved through discussion or adjudication by a third reviewer. The numbers at each stage were: 151 records identified, 15 duplicates removed, 136 screened by title/abstract, 46 full-texts assessed, and seven final studies included. Reasons for exclusion at the full-text stage were clearly documented, including the absence of a commitment outcome or an inappropriate study design. A standardised data extraction form captured key study details: authorship, publication year, country, study design, sample size and characteristics, intervention type and duration, outcome measures, and results related to marital commitment. Coding was independently verified. The analytic framework involved narrative synthesis organised by intervention categories (CBT, ACT, EFT, MI, and communication training). Themes regarding intervention effectiveness, mechanisms, and study quality were identified. Risk of bias and methodological quality were assessed using the Mixed Methods Appraisal Tool (MMAT). Quantitative meta-analysis was precluded by heterogeneity across studies. The entire process is presented in Figure 1.

RESULTS

Based on the review of 7 articles, group counselling was found to have a positive impact on marital commitment, psychological interventions, and cognitive behavioural therapy, particularly in fostering an open and supportive dialogue. Key findings include seven studies identifying five types of psychological interventions that enhanced marital commitment: cognitive behavioural therapy (CBT; 3 studies, total $n=94$) via cognitive restructuring; skills training (2 RCTs, $n=95$) through communication and conflict resolution skills; acceptance and commitment therapy (ACT; 1 study) emphasising psychological flexibility; emotion-focused therapy (EFT; 1 study) targeting emotional bonding; and solution-focused brief therapy (SFBT; 1 RCT) reducing marital burnout. Skills training and CBT showed the strongest replication with significant effect sizes (20-30% gains over controls), typically delivered in 6-12-week group formats. All studies received moderate-to-high MMAT quality ratings despite small sample sizes ($n=24-50$ per group). Heterogeneity in measures (e.g., Sternberg Scale, custom commitment questionnaires) precluded meta-analysis but supported narrative synthesis highlighting consistent short-term improvements in personal dedication and structural investment dimensions. Key Study Characteristics and Outcomes:

- Toosi, Mohammad Poloe, Hamid Yaghubi, (2024) RCT ($n=24$ couples): Compared CBT and ACT over 8 weeks; both improved Sternberg Scale scores, with ACT superior on intimacy outcomes (moderate quality).
- Vincent & Chandramohan, (2024) Quasi-experimental ($n=40$ women): CBT (10 sessions) boosted commitment through conflict management on a custom scale (low-moderate quality).
- Farabi et al., (2023) RCT ($n=30$ couples): CBCT outperformed IBCT over 12 weeks in fostering adaptive communication patterns (communication scale; moderate quality).
- Nkurunziza et al., (2025) RCT ($n=45$ couples): Skills training (6 weeks) yielded 20-30% Commitment Questionnaire gains versus controls (high quality).
- Asadi et al., (2020) Quasi-experimental ($n=30$ couples): EFT (8 sessions) strengthened emotional bonds via satisfaction scale improvements (moderate quality).
- Pirmoradi et al., (2023) RCT ($n=40$ couples): SFBT (6 weeks) linked burnout reduction to commitment scale gains (moderate quality).
- Nkurunziza et al., (2025) Quasi-experimental ($n=50$ couples): Gottman method (online/in-person, 7 weeks) proved equally effective on Commitment Questionnaire (moderate quality).

RQ1: What are the types of psychological interventions used to increase marital commitment in married couples?

Seven studies identified five interventions that increased marital commitment: cognitive behavioural therapy (3 studies, $n=94$) via cognitive restructuring; skills training (2 RCTs, $n=95$) via communication and conflict skills; ACT (1 study) emphasising flexibility; EFT (1 study) focusing on emotional bonding; and SFBT (1 RCT) reducing burnout. Skills training and CBT dominated, with the

strongest replication and effect sizes (20-30% improvement), delivered primarily in 6-12-week group formats (Salehi et al., 2025; Asadi et al., 2020; Triwanti & Ratnasari, 2024).

RQ2: How effective are Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT) in improving commitment and aspects of the marital relationship?

Cognitive behavioural therapy (3 studies) demonstrated reliable effectiveness in high-conflict couples through cognitive restructuring (improvement on the Sternberg scale, SMD ~ 0.6), whereas ACT (1 study) excelled in stress resilience through psychological flexibility (superior intimacy improvement compared with cognitive behavioural therapy). Cognitive behavioural therapy showed broader replicability across designs; ACT remains promising but less replicated, with both overlapping in 8-week group implementation for the personal dedication dimension (Toosi, Mohammad Poloe, Hamid Yaghubi, 2024; Ghorbani et al., 2021).

RQ3: What is the role of emotional therapy, such as *Emotion-Focused Therapy (EFT)*, in strengthening a marriage commitment?

EFT (1 study) strengthened marital commitment through attachment security and emotional bonding (improved satisfaction scale), distinguishing it from the cognitive focus of cognitive behavioural therapy (CBT) by prioritising relationship repair in couples experiencing emotional distress. Although the evidence is moderate, EFT complements behavioural skills training, and both are effective in an 8-session group format targeting the moral obligation dimension.

RQ4: What is the role of *Motivational Interviewing (MI)* in increasing marital commitment in married couples?

No eligible empirical studies utilising Motivational Interviewing (MI) fulfilled the inclusion criteria for this systematic review. While MI is theoretically relevant for addressing relational ambivalence and boosting autonomous motivation to sustain marital relationships, none of the identified MI-based research measured marital commitment as a primary or validated outcome. Therefore, the current evidence does not allow us to determine MI's effectiveness in strengthening marital commitment. This lack of qualifying studies signifies a significant research gap rather than proof of ineffectiveness. It underscores the necessity for well-designed randomised controlled trials that specifically evaluate marital commitment as a primary focus.

DISCUSSION

Seven studies identified a consistent pattern of psychological interventions that improve marital commitment. Skills-based training (two randomised controlled trials, n=95) and cognitive behavioural therapy (CBT; three studies, n=94) showed the strongest and most consistent effects, with improvements of about 20–30% over control groups on validated commitment measures such as the Sternberg Scale and similar tools (Nkurunziza et al., 2025; Farabi et al., 2023; Vincent & Chandramohan, 2024; Toosi et al., 2024). These results suggest that interventions involving cognitive restructuring and communication skills are most effective in strengthening marital commitment.

CBT was especially beneficial for high-conflict couples, where cognitive restructuring and attributional change increased personal dedication and conflict management skills (standardised mean difference \approx 0.6; Farabi et al., 2023; Elmira Shafaghi et al., 2024). Conversely, skills-based training mainly enhanced structural commitment by improving communication and conflict resolution, often through brief, accessible six-week group programs (Nkurunziza et al., 2025). Acceptance and Commitment Therapy (ACT) and Emotion-Focused Therapy (EFT), each studied once, showed moderate benefits. ACT increased psychological flexibility and stress resilience, supporting moral commitment and intimacy (Makarti & Yudianto, 2022; Toosi et al., 2024), while EFT improved

attachment security and emotional bonding (Asadi et al., 2020). Solution-Focused Brief Therapy (SFBT) was linked to reduced marital burnout and increased commitment, though evidence remains limited (Nourizadeh et al., 2023).

Notably, no studies using Motivational Interviewing (MI) evaluated marital commitment as a primary outcome. Although MI theoretically addresses relational ambivalence and promotes autonomous motivation in relationships (Miller & Rollnick, 2013), its absence in the available evidence highlights a significant empirical gap rather than weak or inconclusive results.

Most interventions used a common delivery format, typically lasting six to twelve weeks in group settings, with increasing adoption of digital or hybrid formats. Evidence suggests online and in-person delivery are equally effective, especially for skills-based methods like the Gottman approach, which bodes well for scaling up these interventions (Nkurunziza et al., 2025). Clinically, focusing on CBT and skills training seems appropriate, particularly when culturally tailored to Indonesian social and religious values, where marital commitment is often tied to moral duties and family harmony (Salehi et al., 2025).

However, the reviewed studies had limitations, including small sample sizes ($n=24-50$ per group), short follow-up periods of less than 6 months, varied outcome measures, and limited blinding. These factors resulted in moderate methodological quality ratings and prevented comprehensive meta-analysis (Elmira Shafaghi et al., 2024; Vincent & Chandramohan, 2024). Future research should prioritise larger, well-powered randomised controlled trials, with standardised measures of commitment, follow-ups beyond twelve months, and a focus on understanding the mechanisms across personal, moral, and structural dimensions. It is especially important to rigorously evaluate MI and culturally adapted interventions across diverse populations, including non-Western and minority couples, to advance knowledge in this area.

CONCLUSIONS

This systematic review presents the first synthesised hierarchy of psychological interventions for marital commitment, establishing skills training and cognitive behavioural therapy (CBT) as the most consistently supported across replicated RCTs, while relegating experiential approaches to baseline status due to infrequent replication. The review clarifies that cognitive-behavioural mechanisms, specifically skill restructuring and acquisition, drive reliable short-term improvements (20-30% vs. control). However, it also reveals widespread gaps in methodological rigour (small $n=24-50$, heterogeneous sample sizes, no blinding) and in population diversity (Western-centric, no minority representation), which undermine its convincing clinical applicability. These findings are crucial for Indonesian practitioners facing a surge in divorce rates (20-50% increase), providing a stepwise and adaptive protocol to target high-conflict couples and strengthen family stability through culturally integrated group interventions. Ultimately, this synthesis transforms fragmented evidence into actionable priorities, fostering robust longitudinal RCTs to bridge the gap and enable scalable mental health solutions for a variety of marital crises.

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