

# The Effectiveness of Couple Therapy Based on the Choice Theory on Marital Commitment and Burnout in Couples with Marital Conflicts

Sanaz Pirmoradi<sup>1</sup> (MSc), Naser Amini<sup>1</sup> (PhD), Moloud Keykhosrovani<sup>1</sup> (PhD), Abdollah Shafiabadi<sup>1,2</sup>(PhD)

1. Department of Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran

2. Department of Counseling, Allameh Tabataba'i University, Tehran, Iran

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## Corresponding Author:

Naser Amini,  
Department of Psychology,  
Bushehr Branch,  
Islamic Azad University,  
Bushehr,  
Iran  
E-mail: amiinaser@gmail.com

## Abstract

**Introduction:** Marital commitment helps couples save their marriage despite difficulties and painful events. The present study aimed to investigate the effectiveness of couple therapy based on the choice theory on marital commitment and burnout in couples with marital conflicts in Mahshahr (Iran).

**Method:** This quasi-experimental study was based on a pretest-posttest and follow-up with a control group design. The statistical population consisted of all couples who visited the couple therapy clinics of Mahshahr, Iran, in 2019. Using convenience sampling, 30 participants were selected and were randomly divided into experimental and control groups ( $n= 15$  per group). The research instruments included the Marital Burnout Questionnaire (MBQ) and Marital Commitment Questionnaire. The repeated measures ANOVA was used to analyze the data.

**Results:** The mean  $\pm$  SD of the post-test scores of marital commitment and marital burnout were  $16.26 \pm 1.37$ , and  $5.37 \pm 0.27$  in the experimental group and  $10.42 \pm 0.64$  and  $6.77 \pm 0.28$  in the control groups. The results showed that there was a significant difference between the experimental and control groups in the post-test scores of marital commitment and marital burnout ( $P < 0.001$ ).

**Conclusion:** Couple therapy based on the choice theory was effective in reducing couples' marital burnout and improving their marital commitment. Therefore, this intervention is recommended to be used to reduce marital conflicts in couples.

**Keywords:** Marital Burnout, Marital Commitment, Choice Theory, Couples

## Introduction

As the most basic social unit, the family is the arena for the formation of emotions and intimate interpersonal interactions. Due to the creation of unique intimate bonds between members, this institution boasts unparalleled significance and extensive scope of influence. The family is the place for growth, development, healing, recovery, change, and evolution, as well as harms and negative consequences, and serves as a ground for the growth as well as the destruction of relationships [1, 2]. The feelings of security, relaxation, and intimate relationships among couples have diminished in recent years, and the family has been afflicted with marital burnout. Marital commitment, satisfaction, and intimacy shape the family and its members' mental and physical health. As unmet emotional needs lead to disorders, maladjustment, and failure, these variables merit more attention [3, 4].

Marriage can be a source of pleasant feelings and love for couples. However, if couples fail to discuss their needs, discover each other's needs in their interactions, or find more positive solutions to meet these needs, stress, failure, frustration, and anger, and eventually, marital burnout may arise [5]. The rising rate of divorce confirms that many couples are no longer willing to remain in failed marriages, and the system of the family is seriously at risk. Marital burnout is a painful state of physical, emotional, and mental burnout that impacts couples

who expect to derive meaning from romantic love and marriage. Failed marriages and marital burnout could be because of such unrealistic forms of love and attitude towards different life events. The more unrealistically and romantically couples deal with problems, the more problems will arise in their marriage. When romantic expectations are not met, the sense of frustration is directly attributed to the spouse, which diminishes love and commitment and replaces love with marital burnout [6]. Marital burnout results from an inconsistency between expectations and reality, and its severity depends on the couples' degree of adjustment and beliefs. It starts with the breakdown of the relationship and the couples' realization that things are not as pleasant as they used to be. This situation will be exacerbated if nothing is done to stop this trend [7].

Marital burnout is often gradual and rarely has a sudden onset. In fact, intimacy and love gradually fade, and a general sense of fatigue emerges. Marital burnout is characterized by symptoms such as physical exhaustion, fatigue, malaise, chronic headaches, abdominal pains, sleep disorders, loss of appetite, and overeating [8]. Marital commitment helps couples save their marriage despite difficulties and painful events. When couples are committed, there is hope for continuing the marriage, making up for the past, and preventing separation [9].

Commitment is a cognitive variable that expresses personal beliefs and greatly affects human bonds. It can promote the positive aspects of a relationship and provide higher levels of marital security and stability. Committed people love their spouses, are faithful to them, and avoid the tendency for involvement with others in any shape or form [10].

William Glasser's choice theory explains the nature of and reasons for behaviors and is an indispensable component of reality therapy. Reality therapy leads people towards reality and effective interaction with all aspects of real life. According to Glasser, the majority of couples who fail in their marriage show signs of external control as well as an inconsistency in the intensity of their basic needs [11]. If couples realize that they act under the influence of their basic needs, they tend to adopt the couple therapy based on the choice theory, and try to meet these needs from the outset of their married life, their marital relationship will greatly improve. In other words, this theory aims to train couples to become aware of their own and their spouses' basic needs; avoid external control; and try to make better choices based on the concept of total behavior [12].

So far, less research has investigated the effects of couple therapy based on the choice theory on marital commitment and burnout in couples with marital conflicts. Evaluation and explanation of couple therapy based on the choice theory on psychological characteristics such as marital burnout and improving the marital commitment of couples with marital conflicts are among the most important innovations of this study. Accordingly, this study aimed to investigate the effectiveness of couple therapy based on the choice theory on marital commitment and marital burnout

among couples with marital conflicts. The hypotheses presented in this study were: couple therapy based on the choice theory is effective on marital commitment and burnout in couples with marital conflicts and its effectiveness is lasting over time.

## Method

This quasi-experimental study was based on a pretest-posttest and follow-up with a control group design. The statistical population consisted of all couples who visited the couple therapy clinics of Mahshahr, Iran, in 2019. Of the study population, 30 couples were selected as the sample through convenience sampling. The participants were randomly assigned to the experimental group (n=15) and the control group (n=15). We included 15 participants in each group by using the G\*power software (effect size= 1.60; test power= 0.90,  $\alpha=0.05$ ). The inclusion criteria were a score above and below the average on marital burnout and marital commitment questionnaires, respectively, age of 25-45 years, no history of neurological and mental illnesses or hospitalization, non-addiction to drugs, ability to participate in group therapy sessions, and willingness to participate in the study. The exclusion criteria for the experimental group were more than two sessions of absence in the intervention, and reluctance to continue the intervention.

The tools used in this study are as follows:

**Marital Burnout Questionnaire (MBQ):** The MBQ, developed by Pines in 1996 consists of 21 items with three components of emotional exhaustion, psychological exhaustion, and physical exhaustion. The items are rated on a 7-point Likert scale, with 1 and 7 indicating "no experience" and "high experience", respectively. The minimum and maximum scores are 21 and 147, respectively. A higher score on this questionnaire indicates higher marital burnout [13]. Pines [13] reported the Cronbach's alpha coefficient of this questionnaire as 0.91. Heshmati et al. [14] reported alpha Cronbach coefficient of 0.91 for the Persian version of this questionnaire. In the present study, the Cronbach's alpha coefficient was 0.87 for the questionnaire.

**Marital Commitment Questionnaire:** Adams and Jones in 1997 developed this 44-item questionnaire to measure couples' adherence to their spouse and marriage in three subscales of personal commitment, moral commitment, and structural commitment. The items are scored based on a 5-point Likert scale ranging from 1 to 5. A higher score on this questionnaire indicates higher marital commitment [15]. Adams and Jones reported the Cronbach's alpha coefficient of this questionnaire as 0.89. Mahmoudpour et al. [16] reported alpha Cronbach coefficient of 0.89 for the Persian version of this questionnaire. In the present study, the Cronbach's alpha coefficient was 0.83 for the questionnaire.

After receiving permission from the medical university and obtaining the approval of the clinics in Mahshahr, Iran, the couples who met the inclusion criteria were selected as the sample and were briefed on the study. After obtaining their written consent to participate in the study, they were randomly assigned to the experimental

and control groups. All participants completed a demographic form, MBQ, and the Marital Commitment Questionnaire before and immediately after the intervention. Those in the experimental group participated in a couple therapy based on the choice theory intervention [17]. These sessions were performed once a week based on the choice theory of Glasser [18]. The control group received no intervention. In addition, participants in the experimental group were invited to attend a meeting three months later to evaluate the effectiveness of the intervention. To observe ethical considerations, the intervention was also performed for those in the control group at the end of the study. Table

1 provides a summary of instructions for couple therapy based on the choice theory.

Data were analyzed by descriptive and inferential statistics, such as mean, standard deviation, and repeated measures analysis. The Shapiro-Wilk test was used to examine the normality of distribution of pre-test and post-test; and the Levene's test was utilized to investigate the equality of variances. The Box's M test was performed to test the homogeneity of the covariance matrix, and the assumption of sphericity was performed for all variables using Mauchly's test of sphericity. The repeated measures ANOVA was used to investigate the research hypothesis. SPSS version 23.0 was further used to analyze the data.

**Table 1. The Couple Therapy Based on the Choice Theory Protocol [17]**

Session	Content
1	Introduction; pre-test, discussing the behavioral limits; explaining the rules of the counseling sessions; receiving informed consent for participation; discussing the goals of the therapy and the possibility of change; explaining the philosophy of the intervention based on this approach; establishing therapeutic alliance; the therapist and couples getting to know one another
2	Introducing basic needs; raising awareness about the difference in the intensity of needs; needs profile Five basic needs; the importance of the difference in the intensity of needs in the needs profile; discussion and practice Assigning tasks (writing down five basic needs and their gradation); plotting the couples' needs profile; explaining genetically driven needs; performing the needs test; familiarizing the couples with their genetic needs Importance of needs satisfaction; explaining how the marital relationship works and the effect of marital dissatisfaction on marital relations
3	The conflict resolution cycle; negotiating inconsistent needs when there is a difference in the couples' needs profile; feedback on the previous session; reviewing the assignments; briefly reviewing the last session; Explaining the conflict resolution cycle and practicing it as an application of choice theory; Assigning tasks (writing down five uses of this technique and negotiation in daily life); Explaining the locus of control and examining the participants' locus of control
4	Teaching the concept of total behavior and taking responsibility for meeting basic needs; feedback about the last session; Teaching the concept of total behavior; explaining its components (acting, thinking, feeling, and physiology) and their behavioral representations in detail; helping the participants identify their current feelings and behaviors; introducing internal and external control; explaining marital dissatisfaction; evaluating the couples' self-control and promoting their self-affirmation
5	External control and its destructive effects on intimate relations; the process of marital burnout Feedback on the previous session; explaining and practicing the principles of external control and controlling traits as a destructive factor for intimate relations, as opposing choice theory; Describing the real world and the quality world; Teaching the basic concepts of choice theory; strategies for changing the quality world; teaching the perceived world
6	Teaching the quality world and the fundamental principle of choice theory; feedback on the previous session Explaining the quality world as a fundamental concept of choice theory; discussing its relationship with adherence to the basic principle of choice theory ("The only person who can control our behavior is us"); Assigning tasks for involving the spouse in one's quality world and adapting the images of this world to the real world
7	Conflicts; the use of creativity; 10 basic principles of choice theory with which personal freedom can be defined or re-defined; assigning tasks (writing down conflicts and using creativity to deal with them to adapt needs to the quality world)
8	Summary; post-test; feedback; a review of assignments; a review of the sessions; surveying the couples about the programs; the members sharing the ways to meet their needs; explaining efficient and inefficient solutions based on realistic thinking and responsibility; reminding the participants about the follow-up; post-test; appreciating the couples' participation

## Results

The mean age of participants in the experimental group was  $42.61 \pm 4.39$  for men and  $32.34 \pm 3.50$  for women. Moreover, the mean age in the control group was  $44.50.61 \pm 4.52$  for men and  $32.36 \pm 3.61$  for women. Based on the results, there was no significant difference between the two groups in terms of age. Table 2 shows the mean and Standard Deviation (SD) of the studied variables in the experimental and control groups in the pre-test, post-

test, and follow-up.

The normal distribution of data was examined by groups (experimental and control) and research stage (pre-test and post-test) using the Kolmogorov-Smirnov test and the Shapiro-Wilk test. The results of the Shapiro-Wilk test showed that the post-test and follow-up data on marital commitment and the pre-test and follow-up data on marital burnout were following a normal distribution pattern in the experimental group. However, the data on

other dimensions in other stages were not following a normal distribution pattern. Therefore, the findings related to these dimensions should be cautiously generalized to other populations.

Repeated measures multivariate analysis of variance was employed to investigate the effectiveness of the couple therapy based on the choice theory on marital commitment and marital burnout. To this end, the assumptions of this test were examined for each variable. The results of Bartlett's test of sphericity confirmed that the assumptions of this test were met ( $\chi^2=479.44.22$ ,  $P<0.001$ ). Then, the Box's M test was performed to test the homogeneity of the covariance matrix. The results indicated that this assumption was not met for the studied variables. (Box's M=603.75,  $F=1.41$ ,  $P<0.001$ ) However, considering the large sample size of the two groups, it can be stated that this test is resistant to violating this assumption. Then the assumption of sphericity was performed for all variables using Mauchly's test of sphericity. The results showed that this assumption was met only for the components of marital commitment. Therefore, it was necessary to use the Greenhouse-Geisser correction. The results of examining the homogeneity of variance of error by Levene's test

indicated that this assumption was met only for the components of marital commitment.

The results of multivariate tests showed that the couple therapy based on the choice theory was significantly effective in terms of group (Pillais trace=0.96,  $F=153.83$ ,  $P<0.001$ ,  $\eta^2=0.96$ ), time (Pillais trace=0.98,  $F=178.20$ ,  $P<0.001$ ,  $\eta^2=0.98$ ), and group-time interaction (Pillais trace=0.97,  $F=108.04$ ,  $P<0.001$ ,  $\eta^2=0.97$ ). This suggests the effectiveness of the intervention in marital commitment and marital burnout of couples.

The results of the intergroup effect test showed that there was a significant difference between the experimental and control groups in terms of marital commitment and marital burnout ( $P<0.001$ ). The results of the intragroup effect test also demonstrated that "time" significantly affected marital commitment and marital burnout ( $P<0.001$ ) (Table 3).

A comparison of the mean values indicated the increased mean score of marital commitment and the reduced mean score of marital burnout in the experimental group. The study results showed that the couple therapy based on the choice theory was effective in improving marital commitment and reducing marital burnout; these results were persistent until the follow-up stage (Table 4).

**Table 2.** Mean and SD of the Studied Variables in Experimental and Control Groups

Variables	Phases	Experimental	Control
		M ± SD	M ± SD
Marital commitment	Pre-test	9.61 ± 0.57	9.38 ± 0.57
	Post-test	16.26 ± 1.37	10.42 ± 0.64
	Follow-up	15.50 ± 1.02	10.69 ± 1.01
Marital burnout	Pre-test	6.75 ± 0.28	6.76 ± 0.48
	Post-test	5.37 ± 0.27	6.77 ± 0.28
	Follow-up	5.28 ± 0.35	6.79 ± 0.24

**Table 3.** The Inter- and Intra-Participant Analysis of Variance with Measurement of Pre-test, Post-test and Follow-up of the Variables

Valuables	SS	df	MS	F	P	$\eta^2$
Marital commitment	284.67	1	284.67	373.51	0.001	0.88
Marital burnout	832.36	1.94	421.56	572.32	0.001	0.92

**Table 4.** Results of Pairwise Comparison of Marital Commitment and Marital Burnout Across Time Series

Valuable	Phase	Group		Mean difference	SE	P
		Choice theory	Control			
Marital commitment	Pre-test	Choice theory	Control	0.23	0.16	0.151
	Post-test	Choice theory	Control	5.85	0.29	0.001
	Follow-up	Choice theory	Control	4.81	0.28	0.001
Marital burnout	Pre-test	Choice theory	Control	-0.07	0.11	0.887
	Post-test	Choice theory	Control	-1.40	0.08	0.001
	Follow-up	Choice theory	Control	-1.51	0.08	0.001

### Discussion

The present study aimed to investigate the effectiveness of couple therapy based on the choice theory on marital commitment and marital burnout among couples with marital conflicts. The study results showed that there was no significant difference between the experimental and control groups in terms of the pre-test mean score of marital commitment and marital burnout, whereas a significant difference was observed between the two groups in the post-test and follow-up stages. It can hence be concluded that the couple therapy based on the choice theory was effective in improving marital commitment and reducing marital burnout, and these results were

persistent until the follow-up stage. This finding is consistent with the research results of Abbasi et al. [17] and Ebadi et al. [19].

The results showed that couple therapy based on the choice theory decreased marital burnout in couples with marital conflicts. Couple therapy based on the choice theory is an established therapeutic intervention for describing human beings, setting behavioral rules, and achieving satisfaction, happiness, and success. This theory emphasizes concepts such as control, responsibility, and choice that can shape marital satisfaction [12]. According to reality therapy, which relies on couple therapy based on the choice theory, our actions are behaviors and our

behaviors are choices; in other words, we choose our behaviors and are responsible for our life, feelings, and actions. This point is significant for marital satisfaction and was trained during the therapy [20]. According to Glasser, behaviors comprise four components of action, thinking, feeling, and physiology. We directly control action and thinking, and indirectly control feeling and physiology [21]. The couple therapy based on the choice theory highlights two components of action and thinking. Human beings are driven by five basic, inherent, general, and global needs of survival, belonging, power, freedom, and fun. All human behaviors are directed towards meeting these five basic needs, the effective satisfaction of which will lead to self-control, also referred to as self-actualization in other theories [22].

We all need to love and be loved, and value and be valued. If we fail to meet these two needs, a failure identity will form in us. A failure to establish emotional relationships with others will lead people to deny these needs and avoid relationships and involvement with these needs. In this case, people will redirect their attention towards themselves and will experience self-conflict, anxiety, depression, antisocial behavior, and physical illness. As the conflict with others shifts towards self-conflict, marital satisfaction will diminish [23]. As these people have not learned how to satisfy their needs based on reality, they will engage in irresponsible behavior. They have never experienced success and do not value themselves; as such, cannot establish proper emotional relationships with others and cannot love and be loved [24]. Couple therapy based on the choice theory attends to all these issues [19].

The main goal of couple therapy based on the choice theory is to alter a failure identity and develop responsible behaviors. It applies to any person in any state of life and promotes a sense of responsibility and a solution-oriented attitude, which greatly affect marital satisfaction. Relational conflicts among couples stem from conflicting needs or demands. Couples should become aware of their unconscious roles. The therapist helps clients face their needs and roles in their marriage and find better ways to satisfy these needs [17].

Our findings can be explained based on the concepts of couple therapy based on the choice theory that were trained to the participants. The couple therapy based on the choice theory highlights the satisfaction of basic human needs, including love and belonging; the satisfaction of these needs promotes care and compassion even for strangers and helps people look for satisfactory relationships with their spouse, family, and friends. As clients gain mastery over their lives, they re-program their life, control it, and do not suffer distress [12]. Couple therapy based on the choice theory specifically highlights this need and helps clients plan to meet their needs; in this way, it helps them love themselves and others, take steps to change and attain a success identity, enjoy secure relationships, have a positive feeling towards themselves, and experience greater marital satisfaction.

Another finding of the study was that couple therapy

based on the choice theory increased marital commitment in couples with marital conflicts. The dissolution of marriage is the outcome of external control in marital relations. When this mindset governs the couples' relationship, the best chance for improving their marital life is the application of internal control, satisfaction of needs based on couple therapy based on the choice theory, and assuming responsibility in marriage. Couple therapy based on the choice theory helps people choose internal control over external control, thereby enhancing their marital commitment. According to this theory, it is only us who can do something for ourselves, and no one can help us without our permission. People can choose effective and proper solutions to meet their need for fun, power, freedom, love, belonging, and a better life. In fact, this therapy exposes people to reality, acceptance of responsibility, identification of basic needs, moral judgment about right and wrong behaviors, concentration on the here and now, internal control, and attainment of a success identity [19]. This study faced some limitations. The first limitation was the use of self-report measurement tools that have some inherent problems such as measurement error and lack of self-control. In addition, since this study was conducted on couples living in Mahshahr, Iran, findings should be cautiously generalized to other regions. It is suggested to compare the effectiveness of couple therapy based on the choice theory to other therapeutic interventions for couples with marital conflicts, to get a clearer picture of the usefulness of couple therapy based on the choice theory among the couples. It is also recommended to examine the effects of couple therapy based on the choice theory on other marital variables such as communication patterns, the quality of marital relations, etc.

## Conclusion

The study findings suggested that couple therapy based on the choice theory improved marital commitment and marital burnout among couples with marital conflicts. The participants in the experimental group learned that every person chooses his or her own behavior and is the only person who can control this behavior. Glasser's choice theory teaches people to pay attention to what they can do to improve and enrich their behaviors and enjoy a happy and committed married life. People directly control all their thoughts and actions, and indirectly choose almost all their feelings, and in this way, exercise how to have control over their lives. Therefore, therapists are recommended to take advantage of this intervention in order to solve marital problems of couples and promote the health of families.

## Conflict of Interest

The authors declare no conflicts of interest.

## Ethical Approval

All ethical principles were considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information.



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