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The relationship between original family health, sensation seeking and resilience with marital commitment

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Abstract

One of the important features of a successful marriage is marital commitment that associated with various intrapersonal or extra personal variables such as original family health, sensation seeking and resilience. The aim of this study was to determine the relationship between original family health, sensation seeking and resilience with marital commitment. This cross-sectional study was performed in 2021 on 143 married individuals aged 18-61 in Zanjan (Iran). Data was collected using The Family of Origin Scale. (Hovestadt et al., 1985), Arnett Inventory of Sensation Seeking (AISS), The Conner-Davidson Resilience Scale (CD-RISC) and Adams and Jones marital commitment questionnaire. Data analysis was done applying Pearson's correlation and multiple linear regressions. The results showed that health of the original family have a significant role in predicting marital commitment ($p < 0.05$). Also, there is a significant positive correlation between health of the original family and resilience with marital commitment while sensation seeking has not a significant relationship with marital commitment. Totally, health of the original family and resilience play important roles in improving marital relationships. Therefore, therapists can consider the roles of original family health and resilience in marital commitment.

Keywords
original family health, sensation seeking, resilience, marital commitment

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Introduction

Marital commitment is the strongest and most stable predictor of the quality, satisfaction, intimacy, and stability of marital relationships. Marital commitment includes responsibility, loyalty, and duty, and refers to the extent to which individuals try to protect their relationship (Kordi, Asalani, & Amanollahi, 2017). Amato (2004) defines marital commitment as the extent to which couples value their marital relationships and have motivation to continue their marriage. The strengthening of family life, its stability and continuity, and the type of attitude and interaction of couples in their commitment to marriage are essential (Ansa, Najma, & Nureen, 2013). Tang and Kurman (2012) believe that every successful marriage consists of three fundamental elements: commitment, attraction, and understanding. According to Hu, Jiang, and Wang (2019), a healthy marriage includes several elements such as commitment, marital satisfaction, communication, and the absence of elements like violence and infidelity. Tamblyn and Galibois (2013) suggest that strong marital commitment includes intimacy, commitment, emotional connection, conflict resolution skills, and spirituality. Stanley, Rhoades, and Whitton (2010) proposed that marital commitment can be considered the most important variable in examining couples' communication processes.

Furthermore, the family is the most fundamental cultural and social institution, and has the most lasting impact on its members, to the extent that individuals' attitudes, behaviors, beliefs, and emotions are deeply influenced by the fabric of the family. The nuclear family, consisting of father, mother, and siblings, plays a major role in determining the psychological and personality status of individuals and how they think and feel about themselves. The health of the nuclear family can be examined as a significant factor in individuals' desire to get married and how they establish relationships. Morura and Terlecki (2012) demonstrated that family interactions and experiences significantly influence the quality and marital relationships of children. Individuals with healthy families experience a higher level of feeling loved, supported, valued, self-efficacy, and better ability to cope with problems (Walton & Takuchi, 2010). The nuclear family has a lasting effect on the quality and success of marital life (Weiss, 2014).

Sensation seeking is one of the effective components of marital life. Arendt defines sensation seeking as an adjective whose characteristic is the search for diverse, fresh, complex, and intense experiences and the desire for physical, social, legal, and financial risk-taking for the sake of these experiences. Sensation seekers are adventurous and outgoing individuals who become tired, bored, restless, and restless with repetition and monotony. These individuals have more diverse and varied

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sexual behavior and experience. Sensation seeking is a personality trait within the emotional domain that has tangible effects on family cohesion and marital relationships (Motahari, Behzadpour, & Sohrabi, 2013). Karen and Tamaren (2010) showed that sensation seeking has a significant effect on emotional awareness, emotional regulation, and emotional expression. Batool and Khalid (2009) found that positive components such as optimism, empathy, emotional expression, emotional self-awareness, and impulse control play an important role in marital relationships. Storek (2006) found that men score higher in sensation seeking. Andreahill, Wakeling, Mann, and Webster (2008) found that high sensation seeking, along with low intimacy, increases the level of sexual violence. Individuals with high sensation t seeking tendencies are usually novelty-seeking, impatient, impulsive in achieving rewards, and unable to accept failure, and are generally disorganized (Ismorthy, 2014).

Resilience is another component that can affect various aspects of marital commitment. Resilience plays a role in individuals' positive psychological well-being (Peng et al., 2012) and has been proven to be an internal factor that has played a significant role in growth and health in recent decades and has recently gained a special place in the family domain (Miro & Noel, 2019). According to Ark and colleagues (2008), individuals who have resilience often return to their normal state by creating positive emotions after facing stressful situations. In fact, resilient individuals show a greater capacity to regain their physiological, psychological, and social balance after stressful events (Zautra, Hall, & Murray, 2010). A wide range of studies have also defined resilience as meaning a reduction in vulnerability along with the ability to adapt to distress or cope (Davidson, Stewart, Ritchie, & Chaudière, 2010). Carbonell, Reinherz, and Giaconia (2015) found in their study that individuals with resilience reported higher levels of family cohesion, more effective communication, and fewer family problems. However, those with low resilience had more issues and problems in family relationships. Resilience makes it easier to tolerate the difficulties and conflicts of marital life, and enhances all factors of marital compatibility, leading to high marital satisfaction (Li, Yi, Tian, & Huozhuo, 2020).

Marital commitment can deeply and significantly affect the stability and continuity of marital life. What should be considered in this regard is the level of awareness of the factors that can change the commitment of the couple. Family psychological health, resilience, and sensation seeking are among the factors that can significantly affect the progress or decline of the commitment of the parties. In previous studies, each of these factors has been examined separately, without

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considering the conflicts and cultural, cognitive, and intellectual differences between them, and without considering the very close relationship between these three factors. What should be considered is that although each of these factors has brought predictable results to research alone, the very close relationship between them and the researcher's disregard for these relationships can bring conflicting and unpredictable conclusions. This study was conducted to consider the relationship between these components and to increase the level of awareness of couples about themselves and their life partner by examining their psychological health, sensation seeking, and resilience in relation to the component of marital commitment, and to help improve their relationship in marital life.

Material and Methods

This descriptive study of the correlation type was conducted in 2021 on married individuals in the city of Zanjan (Iran). The statistical population of this study was all couples in Zanjan. A sample of 143 married individuals was randomly selected from this population. The inclusion criteria for this study were being married and being in the age range of 18-61 years old. Incomplete questionnaires were considered as the exclusion criteria. Written and informed consent was obtained from all participants, and they were assured that their questionnaire information would remain confidential. Data were analyzed using SPSS version 26. The data were reported as numbers and percentages, and multiple regression was used to investigate the relationship between family psychological health, excitement seeking, resilience, and marital commitment. The significance level was set at 0.05. Several questionnaires were used to collect data, including the demographic information questionnaire, the Family Health Scale, and the Arent Emotionality Scale.

The Family Health Scale was developed by Hawshtaat, Anderson, Piercy, Kucharan, and Fine in 1985. This 40-item questionnaire examines individuals' perceptions and inferences of the level of family health in two key dimensions of independence and intimacy. Each of the 40 questions is rated on a five-point Likert scale ranging from one to five. Karami calculated the reliability of this scale using the test-retest method, which showed that the scale has acceptable reliability. Furthermore, the construct validity of this questionnaire was confirmed by Karami using factor analysis (the correlation of all questions was above 0.3). The reliability of this questionnaire was estimated at 0.86 using Cronbach's alpha in this study.

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The Arent Emotionality Scale was developed by Arent in 1993. It consists of 20 items that include two subscales of intensity and novelty. The questions related to these two subscales are items 2, 4, 6, 8, 10, 12, 14, 16, 18, and 20 for intensity and items 1, 3, 5, 7, 9, 11, 13, 15, 17, and 19 for novelty. The scoring of this scale is described as excellent, somewhat, not very well, and not at all describing me. Additionally, six items are negatively stated to avoid confirmation bias. The internal consistency reliability of the entire scale was reported to be 0.70 by Arent (1993), with the subscales of intensity and novelty being 0.64 and 0.50, respectively. Poroufai (1997, cited in Najarian, Zargar, Mehrabizadeh Honarmand, & Haghighi, 2003) reported the reliability of this scale as 0.65.

The Connor-Davidson Resilience Scale (CD-RISC) was developed by Connor and Davidson (2003) through a review of research literature (1979-1991) in the field of resilience. The psychometric properties of this scale were investigated in six groups: the general population, primary care attenders, psychiatric outpatients, those with pervasive anxiety disorders, and two groups of post-traumatic stress disorder patients. The developers of this scale believe that it is able to distinguish between resilient and non-resilient individuals in clinical and non-clinical groups and can be used in both research and clinical settings. The CD-RISC consists of 25 statements that are rated on a Likert scale from 0 (not true at all) to 4 (true nearly all the time). The scoring of this scale is as follows: 0=not true at all, 1=rarely true, 2=sometimes true, 3=often true, and 4=true nearly all the time. Thus, the total score range is 0-100, with higher scores indicating greater resilience. Factor analysis revealed that this scale has five factors: personal competence, trust in one's instincts, negative affectivity, positive acceptance of change, and spiritual influences. Connor and Davidson reported the Cronbach's alpha reliability coefficient of the CD-RISC as 0.89, and the test-retest reliability coefficient was 0.87 over a 4-week interval. The CD-RISC has been standardized in Iran by Mohammadi (2005), who reported a reliability coefficient of 0.89 using Cronbach's alpha.

The Marital Commitment Questionnaire measures individuals' level of commitment to their spouse and marriage and its dimensions. This questionnaire was developed by Adams and Jones (1997) for research purposes and measures three dimensions of marital commitment: personal commitment, moral commitment, and structural commitment. Adams and Jones tested the reliability and validity of this questionnaire in six different studies on 417 married, 347 unmarried, and 46 divorced individuals. They reported the reliability coefficient of each dimension as follows:

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personal commitment 91%, moral commitment 89%, and structural commitment 86% (Abbasi Molid, 2009). In Iran, Shahsia, Bahrami, and Mohabbey (2010) confirmed the validity and reliability of this questionnaire, reporting a Cronbach's alpha reliability coefficient of 85%. The reliability coefficients for the subscales of commitment to spouse, commitment to marriage, and obligatory commitment were 79%, 82%, and 84%, respectively. In a study by Hatami Varnamkhasti, Hashemabadi, Esmaili, and Farhadi Bakhsh (2012), the reliability coefficients of all subscales were calculated using Cronbach's alpha, and the results were as follows: commitment to spouse 79%, commitment to marriage 80%, and obligatory commitment 82%. In a preliminary study by Abbasi Molid (2009), the validity of this questionnaire was also confirmed. The questions of the questionnaire are rated on a 5-point scale ranging from 1 (completely disagree) to 5 (completely agree), with higher scores indicating higher levels of commitment. This tool consists of 44 questions, and the total score range is 1-172, with higher scores indicating higher levels of overall marital commitment.

Results

Of the total 143 married individuals in this study, 110 participants were female and 33 were male. According to the results, the majority of participants were in the age range of 18-28 years. A higher percentage of individuals had a bachelor's degree, followed by a master's degree, diploma, other degrees, and a doctorate. Table 1 shows the descriptive statistics including mean, standard deviation, and kurtosis index for the research variables. The Pearson correlation coefficient is also reported to determine the relationship between each of the variables and marital commitment. In Table 2, the results of simultaneous regression analysis are reported to examine the relationship between various variables and marital commitment. Family health has a significant role in marital commitment with a beta coefficient of 0.24, and resilience has a significant role with a beta coefficient of 0.34 at a significance level less than 0.05. However, emotional instability is not significant with a beta coefficient of 0.02 at a significance level less than 0.05.

Table 1. Descriptive analysis of the variables and correlation with marital commitment

Variable	Mean	SD	Skewness	correlation with marital commitment
The health of the main family	3.40	.63	-.58	.39*
Sensation Seeking	2.45	.37	.06	.08
Resilience	2.69	.69	-.98	.50*
Marital commitment	3.68	.57	-.26	-

* p < .05

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Table 2. Multiple regression results

Variable	B	Beta	t	p	R^2	Adjusted R^2	F	p
The health of the main family	.22	.24	3.09	.001	.30	.29	19.98	.001
Sensation Seeking	.02	.02	.20	.838				
Resilience	.34	.41	5.13	.001				

Discussion

The aim of this study was to investigate the relationship between family health, emotional instability, resilience, and marital commitment. A sample of 143 couples from the city of Zanjan was selected to test the research hypotheses, with an average marital commitment score of 3.68. Family health and resilience have a positive and significant relationship with marital commitment, but emotional instability and marital commitment are not significantly related.

The results of this study showed that family health and resilience have a significant role in predicting marital commitment. This finding is consistent with studies by Ghazisalou, Jazayeri, Bahrami, and Mohammadi (2016), who reported a positive and significant relationship between family health and marital commitment, and Karimi and Esmaili (2020), who reported a positive and significant relationship between resilience and marital adjustment.

The findings can be explained using the systems theory and the developmental approach of Foreman (1999) is one of the theories that examines the impact of family of origin on children's marriage is the systems theory. This theory suggests that family systems are a set of cognitive and emotional processes that arise from individual performance in relationships with their loved ones. This theory argues that components of marital life are institutionalized through the family, especially those who are in close relationships with children. In fact, the interaction of parents or caregivers with children throughout their lives shapes the individual's performance in subsequent relationships and even their self-perception. In addition, relationships in adulthood often reflect the repetition of issues related to past relationships. Problems in family systems can manifest in various ineffective pattern types. These problems include failure to establish independence and dependence, inability to manage conflict, lack of trust in relationships, difficulty in self-confidence, low self-esteem, and more.

Furthermore, according to the developmental approach of Foreman (1999), adults extend what they have learned in their relationships with parents and close ones to their romantic relationships. In fact, the characteristics of romantic relationships are similar to the relationship between the

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individual and their parents and close ones, in those positive experiences of effective patterns, intimate relationships, and commitment during childhood and adolescence lead to the transfer of these positive experiences to romantic relationships and vice versa. Family health plays a significant role in marital commitment and, in other words, in the future success of children's relationships. If an individual benefits from family health, it is expected that they will pay attention to their spouse's expectations and needs in marital life and interact with their spouse in a supportive way, which leads to the growth of stability and quality of marital life. When there are conditions in the family that encourage free participation in interaction, discussion, and exchange of views about a wide range of issues and problems without temporal restrictions, the quality and, consequently, the commitment and durability of marital life will increase.

Regarding these findings, it can be said that since resilience is a type of immunity against threatening situations, couples with high resilience can better overcome difficulties and therefore do not allow their conflicts and differences to escalate. Additionally, resilience interventions lead to changes in coping styles. These changes in coping styles enable individuals to face stressful events with greater self-confidence and have better control over events. Resilience increases flexibility in individuals, leading to increased adaptability in different situations of life, including performing tasks, responsibilities, and accepting new roles in marital life. Furthermore, resilience reduces negative emotions and increases satisfaction with marital life (Henderson, 1996).

In a study conducted by Khaloui titled "Investigating the Relationship between Emotional Instability and Marital Satisfaction in Arak City," it was found that emotional instability and marital satisfaction have a significant negative relationship. In this study, the average score of emotional instability was higher for men than for women, and the average score of emotional instability was higher for dissatisfied couples than for satisfied couples.

However, this study does not correspond with the study by Rahimi, which was conducted on the relationship between emotional instability, mental health, and marital satisfaction among married students of Payam Noor University in Tehran. Rahimi found that emotional instability and marital satisfaction have a significant positive relationship. The discrepancy between these studies may be due to differences in the statistical population and research tools.

It is possible that the results of this study do not correspond with previous studies, in addition to the reasons mentioned above, because this study was conducted during the COVID-19 pandemic, which has been shown to have widespread psychological effects worldwide and has affected

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individual, interpersonal, and social mental health. One of the negative consequences of the pandemic has been an increase in domestic violence, tension between spouses, marital conflicts, and divorce rates. Therefore, the lack of a significant relationship between emotional instability and marital commitment in this study can be justified.

Various factors, such as the mental health of the couple, the duration of marriage, the number of children, socioeconomic status, religious orientations, coping styles in marital crises, social support, etc., may affect marital commitment, which were not considered in this study. Another limitation of this study was the sample size, and it was conducted in the cultural context of Zanjan city, which may limit the generalizability of the results. In this study, a significant relationship was found between the variables under study and marital commitment. Individuals with a healthier primary family and higher resilience experienced higher levels of marital commitment. Given the importance of marital commitment in couples' relationships, it is recommended that they become aware of the role of primary family health in successful communication patterns, as well as the role of resilience in facing marital challenges and conflicts. This awareness can be provided in counseling sessions by mental health professionals by identifying the couple weaknesses and providing practical exercises or through workshops and educational programs to prevent marital problems.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material; further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of University of Zanjan, Zanjan, Iran.

Author contributions

FB and MY contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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