



Testing a Predictive Model of Marital Commitment Based on Cognitive Emotion Regulation and Psychological Flexibility Among Married Female Teachers in Bandar Abbas, Iran

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Abstract

Introduction: Marital commitment is a cornerstone of family stability and individual well-being, yet it remains vulnerable to the pervasive stresses of modern life, particularly among working women who navigate multiple professional and domestic roles. This study aimed to test a predictive model of marital commitment based on cognitive emotion regulation and psychological flexibility, with the mediating role of sexual self-efficacy and sexual intimacy, among married female teachers.

Methods: Overall, 300 married female teachers selected from the secondary schools of District 2, Bandar Abbas, using cluster sampling were included in this descriptive-correlational study. Data were collected using the Marital Commitment Questionnaire, the Cognitive Emotion Regulation Questionnaire, the Psychological Flexibility Inventory, the Sexual Self-Efficacy Questionnaire, and a standardized Sexual Intimacy Questionnaire and finally analyzed by structural equation modeling using SPSS 27 and Smart PLS-4.

Results: The analysis results of the path coefficients of the structural equation model indicated that the model had a good fit. The direct path coefficients from cognitive emotion regulation and psychological flexibility to marital commitment, sexual self-efficacy, and sexual intimacy were statistically significant. The results further revealed that the indirect paths from cognitive emotion regulation and psychological flexibility to marital commitment, mediated by sexual self-efficacy and sexual intimacy, were substantially significant and had meaningful indirect relationships with marital commitment.

Conclusion: Our findings confirmed that cognitive emotion regulation and psychological flexibility directly predict marital commitment, sexual self-efficacy, and sexual intimacy, exerting a significant indirect influence on marital commitment through the mediating roles of sexual self-efficacy and sexual intimacy. This issue underscores the importance of these psychological and relational factors in understanding and potentially enhancing marital commitment among the studied population.

Keywords: Marital commitment, Cognitive emotion regulation, Psychological flexibility, Sexual self-efficacy, Sexual intimacy, Married female teachers

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Received: December 3, 2025

Revised: February 18, 2026

Accepted: February 18, 2026

ePublished: August 18, 2026

Cite this article as: Toghroli N, Zarei E, Sadeghifard M. Testing a predictive model of marital commitment based on cognitive emotion regulation and psychological flexibility among married female teachers in Bandar Abbas, Iran. *Journal of Multidisciplinary Care* 2025;14(3):x-x. doi:10.34172/jmdc.1459

Introduction

The family is a fundamental cornerstone and the context for individual growth and societal continuity, formed through the marital bond between a woman and a man (1). In addition, it is an emotional unit and a network of interconnected relationships built upon marriage, and an individual's satisfaction with their marital life is considered equivalent to their satisfaction with the family (2). Healthy marital relationships are vital for societal health, as the healthy communication and marital satisfaction of couples play a decisive role in raising healthy children

(3). Marriage is a relationship based on mutual tolerance between two mature individuals, and the quality of their relationship across various life dimensions forms the basis for marital satisfaction (4). It is noteworthy that the quality of marital life is enhanced when both parties are committed to fulfilling their material and non-material rights and obligations toward one another; more precisely, fulfilling these obligations helps meet marital needs and strengthens the couple's bond (5). Numerous factors can influence the success or failure of marital life, including marital commitment, which plays a role in the continuity

of a successful marriage (6). More precisely, marital commitment reflects an individual's attachment to the relationship, sense of security, and its long-term value, and comprises commitment to the spouse, commitment to the marriage, and commitment arising from social constraints (7). To understand the quality and stability of marital relationships, attention to commitment is as essential as marital satisfaction, and couples' commitment is linked to the fulfillment of emotional and sexual needs (8). Rusbult's investment model is the oldest model of marital commitment. According to this model, commitment depends on satisfaction, investment, and the availability of attractive alternatives (9).

However, most prior studies have examined these predictors separately rather than within a single integrated model of marital commitment. Moreover, the mechanisms through which cognitive emotion regulation and psychological flexibility may translate into commitment, particularly via sexual self-efficacy and sexual intimacy, remain underexplored in specific groups, such as married working women.

Cognitive emotion regulation in spouses is one influential variable on marital commitment. Marital life is filled with both positive and negative emotions, and the couple's ability to regulate these emotions plays a fundamental role in relationship quality. Emotion regulation refers to processes through which individuals understand and modulate emotions and adjust emotional responses in order to achieve desired outcomes (10). Cognitive emotion regulation strategies emphasize the mental processes used to manage emotionally arousing situations, and thoughts and perceptions shape how individuals organize and control feelings after stressful events (11).

Another important variable related to marital commitment is the psychological flexibility of each spouse, which is defined as the ability to actively adapt to changing environmental demands and shift away from maladaptive patterns. Individuals with low flexibility tend to persist with ineffective responses, have fewer coping alternatives, and experience a more limited sense of control, probably straining intimate relationships and reducing marital commitment.

In this context, sexual self-efficacy and sexual intimacy may mediate the relationships between cognitive emotion regulation, psychological flexibility, and marital commitment. Sexual self-efficacy refers to an individual's belief in their ability to establish an effective, pleasurable, and safe sexual relationship for themselves and their sexual partner (12). It reflects perceived competence, control over sexual life, and engagement in safe sexual interaction toward sexual satisfaction (13). It should be noted that higher sexual self-efficacy is associated with more positive feedback and greater mutual empathy and sexual fulfillment between spouses (12).

Sexual intimacy is another relevant mediator. Intimacy involves closeness and deep emotional connection, requiring knowledge, understanding, and expression of

personal thoughts and feelings that strengthen bonds (14). Although intimacy includes multiple dimensions (15), the sexual dimension is particularly essential in marital relationships because satisfaction in this area can influence the other aspects of the couple's relationship. Sexual intimacy tends to develop in a safe and committed atmosphere, whereas low commitment is frequently accompanied by relational conflicts that can undermine sexual intimacy and, ultimately, marital stability.

Unlike earlier approaches that primarily explain commitment through satisfaction, investments, and alternatives (9) or examine single predictors in isolation, the present study integrates cognitive emotion regulation and psychological flexibility within one structural model. In addition, it specifies sexual self-efficacy and sexual intimacy as parallel mediators, allowing the simultaneous testing of direct and indirect pathways. It is noteworthy that this integrated framework offers a clearer, mechanism-based explanation of commitment and identifies modifiable targets that may inform preventive and therapeutic interventions.

Given the importance of marital commitment and the lack of integrated research, this study tests a structural model predicting marital commitment from cognitive emotion regulation and psychological flexibility, with sexual self-efficacy and sexual intimacy as mediators, among married female secondary-school teachers in District 2 of Bandar Abbas in 2025.

Materials and Methods

This study used a descriptive-correlational design and structural equation modeling (SEM). The statistical population included all married female teachers working in girls' first and second secondary schools in District 2 of Bandar Abbas ($N=786$). The sample size was determined using Cochran's sample size method with finite population correction, assuming a 95% confidence level ($Z=1.96$), maximum variability ($P=0.50$), and precision ($d=0.05$). The minimum required sample was estimated at approximately 258; to compensate for possible nonresponse/incomplete questionnaires and increase precision, the target sample was set at 300. In addition, sample adequacy for partial least squares (PLS)-SEM was supported by the 10-times rule and power considerations at $\alpha=0.05$ for detecting at least medium effects in the proposed model. A multi-stage cluster sampling approach was applied. First, an official list of all girls' first and second secondary schools was obtained from the District 2 Education Department. Next, 15 first secondary and 15 second secondary schools were randomly selected as clusters. Then, the researcher visited the selected schools and invited eligible participants (married female teachers) to complete the questionnaires; sampling continued until the required sample size ($n=300$) was reached. Participation was voluntary, and questionnaires were completed in person. Finally, data were analyzed using IBM SPSS Statistics (version 27) for descriptive statistics and preliminary analyses,

as well as SmartPLS 4 for PLS-SEM. Descriptive results were reported as means $\pm$ standard deviations (SDs) and frequencies (%). Additionally, the measurement model was assessed using Cronbach's alpha, composite reliability (CR), and average variance extracted (AVE), along with standard discriminant validity checks. The structural model was evaluated using path coefficients (β) with t-values (bootstrapping) and R^2 (and predictive relevance where applicable). Statistical significance was set at $\alpha=0.05$. The study protocol was approved by the relevant institutional ethics committee. Moreover, written informed consent was obtained from all participants. Furthermore, confidentiality and anonymity were ensured, participation was voluntary, and participants could withdraw at any time without penalty. Data were used only for research purposes and stored securely.

Inclusion and Exclusion Criteria

The inclusion criteria were being employed as a teacher in first or second secondary education, being female and married, showing a willingness to cooperate with the researcher, and completing the questionnaires fully and honestly. On the other hand, the exclusion criteria included incomplete questionnaire responses, unwillingness to cooperate, and employment in educational levels other than the secondary school.

Data Collection Instruments

Data were collected using five standardized questionnaires:

Marital Commitment Inventory

This questionnaire, developed by Adams and Jones (16), consists of 44 items across three dimensions: Personal commitment, moral commitment, and structural commitment. Items are rated on a 5-point Likert-type scale from 'Strongly disagree' to 'Strongly agree' (1–5), and higher total scores indicate higher marital commitment. To examine its validity and reliability, the researchers administered it across six studies involving 417 married, 347 single, and 46 divorced individuals. Each item showed a high and significant correlation with the total score, and the questionnaire's dimensions received satisfactory empirical and theoretical support. In these studies, the reliability (Cronbach's alpha) for the subscales was reported as 0.91, 0.89, and 0.86 for personal commitment, moral commitment, and structural commitment, respectively. In another study, this instrument was translated, and its content validity was confirmed by ten faculty members in Family Counseling and Psychology at the Faculty of Educational Sciences, University of Isfahan. Cronbach's alpha for a sample of couples in Isfahan was 0.81, 0.83, and 0.79 for personal commitment, moral commitment, structural commitment, respectively, and 0.81 for the total scale (17). In the current study, the Cronbach's alpha coefficient for the total scale was 0.91.

Cognitive Emotion Regulation Questionnaire

This instrument contains 18 items designed for

individuals aged 12 and above (18). Items are rated on a 5-point Likert-type scale ranging from 1 (almost never) to 5 (almost always); higher scores represent greater use of the respective cognitive emotion regulation strategy (and higher scores on each subscale reflect greater use of that strategy). Garnefski et al reported Cronbach's alpha coefficients for the subscales ranging from 0.71 to 0.81 (19). In the Iranian context, Cronbach's alpha results ranging from 0.68 to 0.82 demonstrated that the nine subscales of the short Persian version (CERQ-P-short) possess desirable reliability (20). In this study, the Cronbach's alpha for the entire questionnaire was 0.82, indicating appropriate reliability.

Psychological Flexibility Inventory

This tool encompasses 20 items on a seven-point Likert-type scale and measures three aspects of psychological flexibility: (a) perception of controllability, (b) perception of behavioral justification, and (c) perception of different options. Responses are scored from 1 (strongly disagree) to 7 (strongly agree), and higher scores denote greater cognitive/psychological flexibility. Its concurrent validity with the Beck Depression Inventory (BDI-II) was reported at -0.39, and its convergent validity with Martin and Rubin's Cognitive Flexibility Scale was 0.75. Moreover, the questionnaire's reliability using Cronbach's alpha for the total scale, and the subscales of perception of controllability and perception of different options, was 0.91, 0.84, and 0.91, respectively. Additionally, test-retest reliability for these scales was 0.81, 0.77, and 0.75, respectively. The factor structure of the cognitive flexibility index has been examined in Iran, showing that the total score and the two factors of problem-solving processing and perception of controllability had significant correlations with the total BDI-II score of -0.665, -0.557, and -0.597, respectively. In the present study, the Cronbach's alpha for the entire questionnaire was 0.78, indicating desirable reliability.

Sexual Self-Efficacy Questionnaire

It was developed by Vaziri and Lotfi Kashani (21). It includes 10 items scored on a four-point continuum from 0 (not at all true) to 3 (completely true), with minimum and maximum scores of 0 and 30, respectively. Higher total scores imply greater sexual self-efficacy. Its reliability has been reported with a Cronbach's alpha of 0.86, Spearman-Brown split-half reliability of 0.81, and Guttman coefficient of 0.81. In addition, its content validity has been confirmed in Iran (21). In this study, the scale's reliability, calculated via Cronbach's alpha, was 0.88.

Standardized Sexual Intimacy Questionnaire

This questionnaire contains 30 items on a four-point scale (always, sometimes, rarely, and never) scored from 1 to 4, with the minimum and maximum scores of 30 and 120, respectively (15). Higher total scores show greater sexual intimacy. To determine internal consistency reliability,

the questionnaire was administered to 140 individuals (70 couples), yielding a Cronbach's alpha coefficient of 0.81 (15). Similarly, Rahimi and Mousavi reported a Cronbach's alpha of 0.83 (22). In our study, the reliability of this scale, based on Cronbach's alpha, was calculated as 0.92.

Results

Descriptive Results

Of the 300 participants, 184 held a bachelor's degree, while 116 of them had a master's degree or higher. Furthermore, the age distribution of the participants was 18–26 years ($n=28$, 9.3%), 27–36 years ($n=64$, 21.3%), 37–46 years ($n=114$, 38.0%), and 47–56 years ($n=94$, 31.4%).

Assessment of Statistical Assumptions for the Structural Equation Modeling Model

Normality was examined using the Shapiro–Wilk test for marital commitment, cognitive emotion regulation, psychological flexibility, sexual self-efficacy, and sexual intimacy; all tests were non-significant ($P>0.05$), supporting approximate normality. Additionally, sampling adequacy and factorability were evaluated using KMO and Bartlett's test; all KMO values were >0.70 , and Bartlett's test was significant ($P<0.05$), highlighting the suitability of the correlation matrix for SEM.

Measurement Model and Structural Model Fit

Model fit was assessed at measurement and structural levels.

Measurement Model

The measurement model was evaluated using internal consistency and validity evidence; Cronbach's alpha and CR were >0.70 , and AVE values were >0.50 (convergent validity). In addition, Fornell–Larcker comparisons supported discriminant validity (the square root of AVE exceeded inter-construct correlations).

Structural Model

Significance of path coefficients ($t>1.96$), explained variance (R^2), and predictive relevance (Q^2) were used for the structural model. R^2 values were 0.612 (marital commitment), 0.638 (sexual self-efficacy), and 0.487 (sexual intimacy), indicating substantial explained variance. Further, Q^2 values were 0.461, 0.398, and 0.413, respectively, supporting predictive relevance of the model.

Examination of Research Hypotheses

All bivariate correlations among marital commitment, cognitive emotion regulation, psychological flexibility, sexual self-efficacy, and sexual intimacy were positive and statistically significant ($P<0.001$, Table 1). The strongest correlation was found between sexual self-efficacy and sexual intimacy ($r=0.791$), while marital commitment was correlated with cognitive emotion regulation ($r=0.703$), psychological flexibility ($r=0.633$), sexual self-

Table 1. Correlation Coefficients for Research Variables

Variable	Marital Commitment	Cognitive Emotion Regulation	Psychological Flexibility	Sexual Self-Efficacy	Sexual Intimacy
Marital commitment	1				
Cognitive emotion regulation	0.703*	1			
Psychological flexibility	0.633*	0.529*	1		
Sexual self-efficacy	0.586*	0.412*	0.399*	1	
Sexual intimacy	0.444*	0.411*	0.386*	0.791*	1

Note. * $P<0.001$.

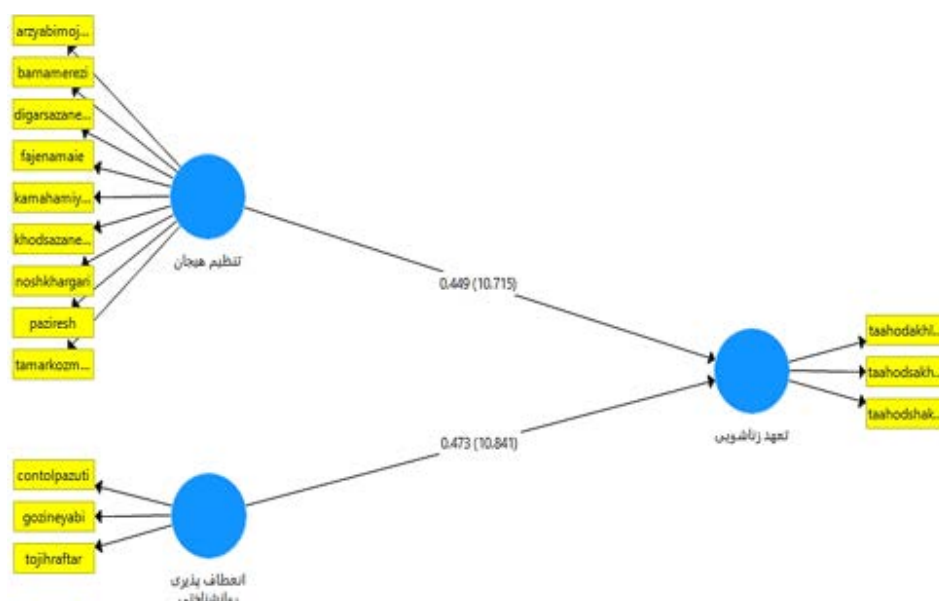


Figure 1. The Proposed Model Without Mediating Variables

efficacy ($r=0.586$), and sexual intimacy ($r=0.444$).

Figure 1 depicts the initial model (without mediators). In this model, cognitive emotion regulation ($\beta=0.449$, $t=10.71$, $P<0.001$) and psychological flexibility ($\beta=0.473$, $t=10.84$, $P<0.001$) demonstrated significant positive associations with marital commitment.

Consistent with Figure 1, Table 2 reports the direct paths in the non-mediated model. Overall, cognitive emotion regulation and psychological flexibility accounted for 59.2% of the variance in marital commitment ($R^2=0.592$), implying that both direct paths were statistically significant ($t>1.96$; $P<0.001$).

Figure 2 displays the final structural model including sexual self-efficacy and sexual intimacy as mediators, with

the estimated path coefficients shown on the diagram.

Table 3 reports the direct path coefficients and t-values for the final model. Psychological flexibility revealed significant positive associations with marital commitment ($\beta=0.437$, $t=11.51$, $P<0.001$), sexual self-efficacy ($\beta=0.201$, $t=5.19$, $P<0.001$), and sexual intimacy ($\beta=0.124$, $t=3.74$, $P<0.001$). Likewise, cognitive emotion regulation showed significant positive associations with marital commitment ($\beta=0.251$, $t=3.74$, $P<0.001$), sexual self-efficacy ($\beta=0.699$, $t=23.33$, $P<0.001$), and sexual intimacy ($\beta=0.640$, $t=19.88$, $P<0.001$). In addition, both mediators were significantly associated with marital commitment: sexual self-efficacy ($\beta=0.133$, $t=2.25$, $P<0.01$) and sexual intimacy ($\beta=0.149$, $t=2.52$, $P<0.01$).

Table 2. Direct Path Coefficients for Relationships Between Variables

Paths in the Model	Without Mediating Variables		R ²
	Coefficient (β)	t-Value	
Cognitive emotion regulation → Marital commitment	0.449	10.71	0.592
Psychological flexibility → Marital commitment	0.473	10.84	

Table 3. Direct Path Coefficients for Research Variables in the Final Model

Direct Paths	Without Mediators		Significance Level
	Coefficient (β)	t-Value	
Psychological flexibility → Marital commitment	0.437	11.51	$P<0.001$
Psychological flexibility → Sexual self-efficacy	0.201	5.19	$P<0.001$
Psychological flexibility → Sexual intimacy	0.124	3.74	$P<0.001$
Cognitive emotion regulation → Marital commitment	0.251	3.74	$P<0.001$
Cognitive emotion regulation → Sexual self-efficacy	0.699	23.33	$P<0.001$
Cognitive emotion regulation → Sexual intimacy	0.640	19.88	$P<0.001$
Sexual self-efficacy → Marital commitment	0.133	2.25	$P<0.01$
Sexual intimacy → Marital commitment	0.149	2.52	$P<0.01$

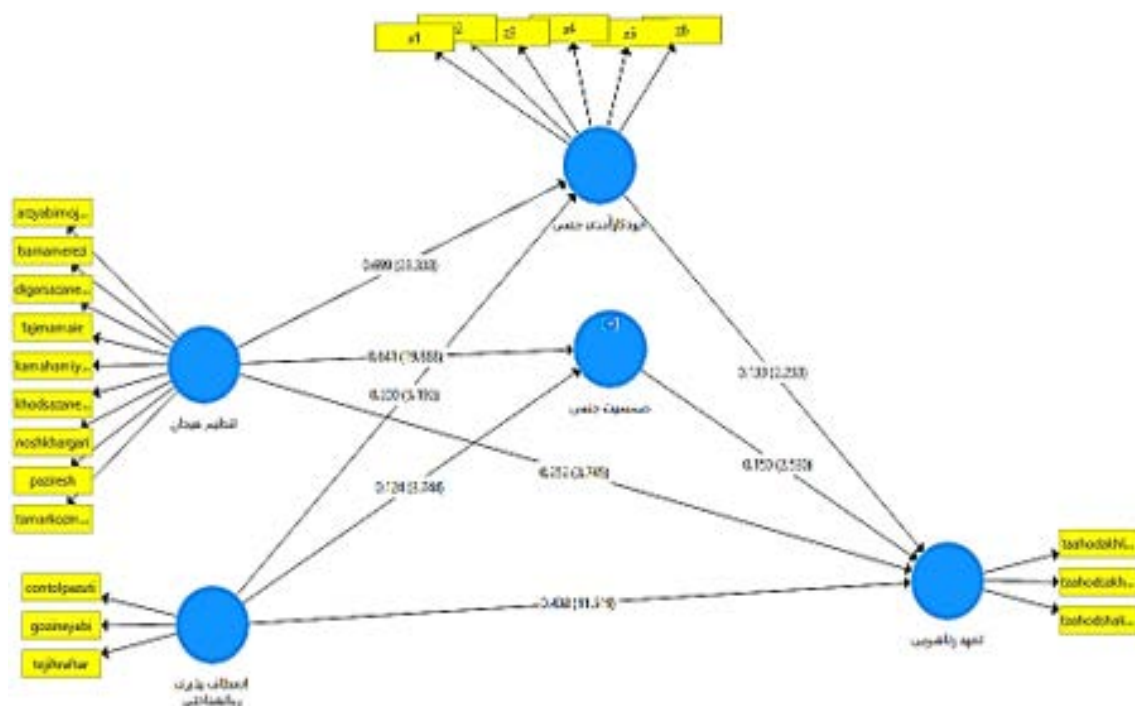


Figure 2. Final Path Analysis Model for Calculating Coefficients Between Variables

Table 4. Indirect Path Coefficients in the Presence of Mediating Variables

Indirect Paths	With Mediators		Significance Level
	Coefficient (β)	t-Value	
Psychological flexibility → Marital commitment (Mediator: Intercourse. Self-efficacy)	0.036	2.07	$P < 0.05$
Psychological flexibility → Marital commitment (Mediator: Sexual intimacy)	0.103	2.25	$P < 0.01$
Cognitive emotion regulation → Marital commitment (Mediator: Intercourse. Self-efficacy)	0.028	2.12	$P < 0.05$
Cognitive emotion regulation → Marital commitment (Mediator: Sexual intimacy)	0.112	2.59	$P < 0.01$

Table 4 reports the indirect (mediated) associations with marital commitment. Psychological flexibility had significant indirect associations with marital commitment through sexual self-efficacy ($\beta = 0.036$, $t = 2.07$, $P < 0.05$) and through sexual intimacy ($\beta = 0.103$, $t = 2.25$, $P < 0.01$). Additionally, cognitive emotion regulation demonstrated significant indirect associations with marital commitment through sexual self-efficacy ($\beta = 0.028$, $t = 2.12$, $P < 0.05$) and sexual intimacy ($\beta = 0.112$, $t = 2.59$, $P < 0.01$).

Discussion

The results confirmed that the measurement and structural models had acceptable evaluation indices. Further, cognitive emotion regulation had significant positive direct associations with marital commitment, sexual self-efficacy, and sexual intimacy. Moreover, psychological flexibility represented significant positive direct associations with marital commitment, sexual self-efficacy, and sexual intimacy. In addition, both cognitive emotion regulation and psychological flexibility had significant indirect associations with marital commitment through sexual self-efficacy and sexual intimacy. Considering that the direct paths remained significant alongside the indirect paths, sexual self-efficacy and sexual intimacy functioned as partial mediators in the model.

Generally, our findings are consistent with the results of Shahjouei et al (23), Sanchez et al (24), and Hou et al (25), confirming that marital commitment is a multifaceted construct influenced by cognitive, emotional, and sexual variables. For instance, Alizadeh Fard and Razaghi found that a structural model of marital satisfaction, cognitive-moral foundations, and marital commitment has a satisfactory fit (26). Additionally, Sanchez et al reported that marital commitment, sexual self-efficacy, and love styles have a positive and significant relationship with marital intimacy (24).

The present SEM findings revealed that cognitive emotion regulation and psychological flexibility are significantly associated with marital commitment both directly and indirectly through sexual self-efficacy and sexual intimacy, suggesting partial mediation. In practical terms, teachers who indicate more adaptive cognitive emotion regulation and greater psychological flexibility also report higher confidence in managing sexual relations and greater sexual closeness, and these relational factors are, in turn, linked with higher marital commitment.

Consistent with the results of prior studies, a positive direct relationship was observed between cognitive emotion regulation and marital commitment, sexual self-efficacy, and sexual intimacy (23, 27). Moreover, evidence indicates that higher sexual self-efficacy is associated with more satisfying sexual relationships and better sexual health. Similarly, it is linked to greater self-esteem, positive feedback, spousal empathy, and higher sexual satisfaction, underscoring its relevance to marital quality and satisfaction (13). Likewise, sexual self-efficacy has been reported to be related to and to predict marital satisfaction (28).

These findings can be explained by referencing Gross's emotion regulation theory, which views emotion as the result of the interaction between spontaneous processes and cognitive strategies. Accordingly, women with greater ability to regulate and cognitively manage their emotions experience greater emotional adaptation at the individual level and have calmer, less stressful interactions with their spouses at the interpersonal level. This emotional mastery in sexual situations further leads to greater self-confidence, higher perceived sexual self-efficacy, clearer expression of personal needs and boundaries, and a more satisfying sexual relationship. In such an atmosphere, without negative emotional outbursts, shame, or avoidance, couples become closer emotionally and physically, thereby fostering deeper sexual intimacy. Ultimately, the combination of high sexual self-efficacy and sexual intimacy provides the psychological and emotional foundation for greater long-term commitment, tolerance of marital difficulties, and strengthened marital commitment (29).

The results also showed a positive and direct relationship between psychological flexibility and marital commitment, sexual self-efficacy, and sexual intimacy, which aligns with the results of studies by Rusbult (9), Shahrouyi et al (27), Tang et al (30), and Schubert et al (31). Najjar et al concluded that mothers' psychological flexibility has a positive and significant relationship with marital commitment (32). Rahnema Araghi also reported that higher emotional maturity, self-differentiation, and cognitive flexibility are associated with greater marital commitment (33). Based on acceptance and commitment therapy, as explained by Westhoff et al (34), psychological flexibility means living in the present moment, accepting unpleasant internal experiences, and taking committed

action in line with values. Women who are more flexible accept their emotions and, instead of avoiding or suppressing them, choose behaviors aligned with values of preserving the relationship, intimacy, and loyalty. Consequently, they are less trapped in negative thoughts and limiting beliefs and form relationships characterized by respect, mindfulness, and emotional intimacy. This pattern leads to increased sexual intimacy, enhanced confidence in sexual capabilities, and ultimately, the promotion of marital commitment.

In this cross-sectional model, the indirect path linking cognitive emotion regulation to marital commitment through sexual self-efficacy was statistically significant, which is consistent with previous findings (35, 36). In addition, Malmaghabadi et al reported a model in which marital justice and self-efficacy were related to marital commitment through negative emotion regulation, with acceptable model fit indices (37). Drawing on Bandura's social cognitive theory, self-efficacy reflects individuals' beliefs about their capability to manage specific situations and is theoretically linked to behavior, cognition, emotion, and motivation (38). In the present study, greater use of adaptive cognitive emotion regulation strategies (e.g., reappraisal and cognitive restructuring) was related to lower emotional strain and fewer conflicts in marital interactions, alongside stronger perceived mastery and efficacy. This pattern was accompanied by higher sexual self-efficacy, which, in turn, was associated with greater intimacy/satisfaction and higher marital commitment. Notably, the direct path from emotion regulation to commitment remained significant, suggesting that emotion regulation is linked to marital commitment beyond the sexual constructs assessed in this model.

Similarly, the indirect path from cognitive emotion regulation to marital commitment through sexual intimacy was significant, which corroborates the findings of studies by Bahrami Mashouf et al (35) and Younkings (39). Joodaki found that sexual intimacy mediates the relationship between marital satisfaction and marital commitment, and marital satisfaction is also directly related to commitment (40). Based on the interpersonal communication theory, as emphasized by Mallory (41), effective and intimate communication in marital life strengthens emotional bonding and commitment, with sexual intimacy being a core dimension of this communication. In this context, more adaptive cognitive emotion regulation is associated with more open and constructive interactions, which may facilitate sexual closeness; greater sexual intimacy is, in turn, linked with higher marital commitment. In addition, the persistence of the direct association is consistent with partial mediation rather than a fully indirect relationship.

Furthermore, the indirect path from psychological flexibility to marital commitment through sexual self-efficacy was significant, which conforms to the results of studies by Isa Zadeh (12) and Shahrouyi et al (27). Bordbari et al reported that nurses' marital commitment can be predicted through flourishing, self-compassion,

and cognitive emotion regulation strategies (42), and Wang et al highlighted the role of cognitive emotion regulation strategies in strengthening coping skills and marital commitment (43). From a self-efficacy perspective, beliefs about one's capabilities are central to how individuals approach and respond to challenging situations; in the marital domain, this issue is reflected in perceived competence in managing sexual and emotional interactions. Accordingly, higher psychological flexibility is associated with less avoidance and greater perceived ability in the sexual relationship, which is linked with higher commitment. The remaining direct path again supports partial mediation.

Finally, the indirect path from psychological flexibility to marital commitment through sexual intimacy was also significant, and alongside the direct path, it indicates partial mediation of sexual intimacy. This result is in line with the findings of Bordbari et al (42), Ashrafi et al (44), and Chiu et al (45). Tashvighi et al concluded that psychological flexibility perfectly mediates the relationship between self-compassion and marital satisfaction, although in the relationship between emotion reappraisal and marital satisfaction, only the direct path was significant (46). Tang et al also demonstrated that mindfulness, as one of the main components of psychological flexibility, is linked with emotion regulation and reduced emotional distress, and that meta-emotion is related to distress tolerance through psychological flexibility (30). Overall, these findings support the view that flexible responding under stress is associated with more supportive and responsive couple interactions, including in the sexual domain, which is linked with greater intimacy and higher commitment.

In summary, the conformity of the results of this study with those of studies performed by Alizadeh Fard (26) to Chiu et al (45) indicates that marital commitment is related to the interplay of individual characteristics, emotion regulation skills, and the quality of sexual experiences. Accordingly, educational interventions may focus on strengthening cognitive emotion regulation, increasing psychological flexibility, enhancing sexual self-efficacy, and deepening sexual intimacy to support couple relationships, reduce erosion of commitment, and promote family mental health.

Conclusion

This study supports an integrated model in which cognitive emotion regulation and psychological flexibility are positively associated with marital commitment among married female teachers, both directly and indirectly through sexual self-efficacy and sexual intimacy (partial mediation). Overall, our findings highlight that individual self-regulatory resources and the quality of the sexual relationship are jointly relevant to marital commitment. Moreover, these results suggest that couple-focused interventions may be more effective when they strengthen adaptive emotion regulation and psychological flexibility while simultaneously addressing sexual self-efficacy and

intimacy to support marital stability.

This study used a cross-sectional, self-report design; therefore, causal inferences cannot be drawn, and common method bias cannot be ruled out. In addition, the sample was limited to married female secondary-school teachers in District 2 of Bandar Abbas, which may have limited generalizability. Therefore, future studies should employ longitudinal or multi-informant designs and include more diverse populations.

Authors' Contribution

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Competing Interests

The authors declare that there is no conflict of interests to disclose.

Ethical Approval

This article was extracted from a thesis approved by Medical Sciences University of Hormozgan (IR.HUMS.REC.1404.381).

Funding

None.

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