

Marital Expectations as a Mediator between Dysfunctional Beliefs and Commitment among Married Individuals

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Abstract

Background

Marital beliefs and expectations are critical cognitive factors influencing marital satisfaction and stability. Dysfunctional beliefs often generate unrealistic expectations, which can erode marital commitment if left unaddressed. This study aimed to examine the mediating role of marital expectations in the relationship between dysfunctional beliefs and marital commitment among married individuals in Rwanda.

Methods

This cross-sectional study was conducted on a sample of 426 participants, aged 25 to 45, completed questionnaires on marital beliefs, expectations, and commitment. Data analysis was conducted using Pearson correlational analysis and mediation testing by Hayes PROCESS macro.

Results

The study revealed that dysfunctional beliefs were significantly and negatively associated with marital commitment ($\beta = -0.626$, $p < 0.001$). When marital expectations were included, the direct effect decreased but remained significant ($\beta = -0.372$, $p < 0.001$), indicating partial mediation. The indirect effect was also significant ($\beta = -0.254$, $p < 0.001$), showing that marital expectations partially mediate this relationship.

Conclusion

These findings underscore the need to target dysfunctional beliefs and unrealistic expectations in therapy to enhance marital commitment, especially in culturally diverse contexts where traditional and modern beliefs intersect.

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Keywords: Marital dysfunctional beliefs, Marital expectations, Marital commitment, Relationship satisfaction, marital quality

Introduction

Marital beliefs have been shown to play a significant role in shaping the quality and longevity of marriages.[1] Individuals who hold dysfunctional beliefs about marriage, such as the idea that partners should always understand each other without explicit communication or that love alone can solve all relationship problems, are more likely to report reduced marital satisfaction and weakened marital commitment.[2,3] These beliefs, often shaped by cultural narratives, personal experiences, or family upbringing, can lead to detrimental outcomes in marriages as they set couples up for disappointment when the realities of marriage fail to align with their idealized views.

Dysfunctional marital beliefs have been linked to a range of negative relational outcomes, including increased conflict, poor communication patterns, emotional disengagement, and reduced problem-solving capacity.[2,3] Couples who hold rigid or unrealistic beliefs are more likely to misinterpret normal relationship challenges as signs of failure, which can intensify dissatisfaction and erode trust over time. In some cases, these beliefs contribute to maladaptive coping strategies, such as avoidance or withdrawal, further weakening relationship stability and increasing the risk of separation or divorce.

Closely related to marital dysfunctional beliefs are marital expectations, which refer to an individual's assumptions about what marriage should provide and how their partner should behave.[4] When expectations are realistic and adaptable, they facilitate positive marital adjustment.[8,9] However, when these expectations are excessively optimistic or rigid, they often lead to chronic disappointment and dissatisfaction.[5,6] For instance, individuals who expect their partner to meet all emotional and psychological needs without fail frequently experience dissatisfaction when their partner falls short of these ideals. Marital expectations are shaped by cultural,

familial, and personal experiences, and they play a crucial role in how spouses evaluate their marriage and respond to conflicts.[7,8] Recent studies have underscored the importance of realistic expectations, with unmet expectations emerging as a key predictor of marital dissatisfaction and reduced commitment.[5,6]

Marital commitment, defined as the psychological attachment to a relationship and the intent to remain in it despite challenges, is a key determinant of marital stability.[2,9] Commitment encompasses multiple dimensions, including personal commitment (emotional attachment), moral commitment (a sense of obligation), and structural commitment (external factors such as children or financial interdependence).[10,11] Commitment is especially critical in the long-term success of a marriage, as it motivates couples to work through difficulties and persist even when marital satisfaction is low.[12] More recent research has emphasized the protective role of commitment during periods of marital dissatisfaction, suggesting that it serves as a buffer, helping couples navigate conflict and emotional distress.[4,13]

The relationship between marital dysfunctional beliefs, expectations, and commitment is complex. Marital dysfunctional beliefs may not only directly undermine commitment but also shape unrealistic marital expectations, which in turn can affect an individual's commitment to their relationship. Research suggests that individuals with more rigid or idealistic beliefs about marriage tend to hold unrealistic expectations, which may lead to disappointment when these expectations are not met, thereby diminishing their commitment to the relationship.[14,15] Elevated comparison levels, standards regarding the outcomes one expects from their relationship, are often misaligned with marital realities, particularly when influenced by rigid beliefs.[15–17] For instance, individuals who believe that "happy couples never argue" may develop unrealistic expectations about conflict

resolution, assuming their spouse should avoid disagreements entirely. When these expectations are unmet, it can lead to emotional distance and decreased commitment.[18]

However, despite growing recognition of the importance of expectations, there is still a limited understanding of the specific mechanisms by which marital expectations mediate the relationship between dysfunctional beliefs and commitment. Most studies have focused on the direct effects of dysfunctional beliefs or the isolated role of expectations in relationship satisfaction, without adequately exploring how these variables interact to influence commitment. Moreover, while some research has suggested that expectations may mediate the effect of dysfunctional beliefs on marital outcomes, the extent of this mediation and its practical implications for intervention have not been fully explored.

This study is conceptually grounded in the cognitive-behavioral model of relationships, which posits that individuals' cognitions, such as beliefs, assumptions, and expectations, play a central role in shaping emotional responses and behavioral patterns within intimate relationships. According to this framework, dysfunctional beliefs influence how individuals interpret their partner's behavior, which in turn shapes their expectations and reactions during relationship interactions. Unrealistic or rigid expectations may lead to negative appraisals, emotional distress, and maladaptive behaviors, ultimately undermining relationship quality and commitment. Conversely, more flexible and realistic cognitions promote adaptive coping, constructive communication, and stronger commitment. This framework provides a theoretical basis for examining marital expectations as a mediating mechanism linking dysfunctional beliefs to marital commitment.

This study aimed to address this gap by exploring how marital expectations function as a mediator in the relationship between

marital dysfunctional beliefs and marital commitment. This study hypothesized that marital expectations mediate the relationship between marital dysfunctional beliefs and marital commitment. Specifically, individuals with higher levels of dysfunctional beliefs about marriage are expected to report lower levels of commitment, with this relationship being partially explained by their marital expectations. This hypothesis is grounded in cognitive-behavioral models of relationships, which suggest that beliefs and expectations are key determinants of relationship outcomes.[14] By testing this hypothesis, the study aims to contribute to the understanding of the cognitive and emotional processes underlying marital commitment and provide practical recommendations for interventions aimed at enhancing marital satisfaction and stability. By focusing on the mediating role of marital expectations, this study seeks to provide a more nuanced understanding of the cognitive and emotional processes underlying marital commitment and to offer insights into potential therapeutic interventions.

Methods

Study design and setting

This study employed a cross-sectional design to examine the mediating role of marital expectations in the relationship between dysfunctional beliefs and marital commitment. Data were collected at the Wellness and Family Centre in Kigali, Rwanda, between January and March 2024. The Wellness and Family Centre was selected as a study site because it serves as a key hub for marital counseling and family support services in Rwanda, providing access to individuals with diverse relational experiences. This setting allowed the inclusion of both help-seeking and community-based participants, thereby enhancing the variability of marital experiences captured in the study. Recruitment extended to both urban and suburban areas through community notices and social media platforms to ensure diversity in socioeconomic and cultural backgrounds.

Study population and eligibility criteria

The study population comprised adults in marital or marital-like relationships in Rwanda, including legally married individuals, cohabiting partners, and individuals who were separated, divorced, or single parents with prior marital experience. The study population comprised legally married individuals residing in Rwanda. Eligible participants were those aged 18 years and above, currently or previously involved in a marital or long-term intimate relationship, and able to read and communicate in either English or Kinyarwanda. This broader inclusion was necessary to capture a wide range of marital experiences and perspectives on commitment and expectations. Individuals who declined to provide informed consent or who presented with severe mental health conditions that impaired their ability to comprehend and complete the study instruments were excluded.

Sample size and sampling procedures

The minimum required sample size was determined using Krejcie and Morgan's [19] formula for a finite population, resulting in 384 participants. To account for an anticipated 10% non-response rate, the target sample size was increased to 423, and ultimately 426 married individuals were successfully enrolled. A stratified random sampling technique was employed to ensure adequate representation across key demographic categories: age, gender, and length of marriage in addition to the generalizability of the findings.

Data collection instruments

The Relationship Belief Inventory (RBI)

Developed by Eidelson and Epstein,[20] the RBI is a self-report questionnaire designed to assess individual beliefs about relationships. It consists of 40 items, with participants responding on a 6-point Likert scale, ranging from 0 ("I strongly believe that the statement is false") to 5 ("I strongly believe that the statement is true"). The total score for the RBI can range from 0 to 200, with higher scores indicating unrealistic

views of relationships, which promote greater instability. For this study, Cronbach's alpha for the RBI was 0.93, demonstrating strong internal consistency.

Marriage Expectation Scale (MES)

Revised by Jones and Nelson,[21] the MES includes 40 items spread across five subscales, each addressing a different dysfunctional belief about relationships. Responses are measured on a 6-point Likert scale, ranging from 0 ("I strongly believe that the statement is false") to 5 ("I strongly believe that the statement is true"). The total score for the inventory can range from 0 to 200, with higher scores reflecting unbalance between realism and an idealized view of marriage. Cronbach's alpha for the MES was 0.89, indicating acceptable reliability in this sample.

Marital commitment questionnaire (MCQ)

The Marital Commitment Questionnaire (MCQ), developed by Adams and Jones,[2] assesses an individual's dedication to their spouse and marriage. The MCQ includes 44 items, each evaluated on a 5-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (5). Scores range from 44 to 220, with higher scores indicating stronger commitment. In this study, the MCQ demonstrated excellent internal consistency, with Cronbach's alpha of 0.92.

Procedures

Participants were recruited via online platforms and community centers and invited to complete the questionnaires at the Wellness and Family Centre. Data collection was conducted by two trained clinical psychologists. Questionnaires were translated and back-translated into Kinyarwanda to ensure linguistic and cultural accuracy. A pilot study involving 10% of the sample was conducted to refine the tools.

Quality control

Responses were anonymized to reduce social desirability bias. No incentives were provided.

Consistency in data collection was ensured through training and supervision of research assistants. The dependent variable in this study was marital commitment, measured using the Marital Commitment Questionnaire (MCQ), while the independent variable was dysfunctional marital beliefs assessed through the Relationship Belief Inventory (RBI), and the mediator variable was marital expectations evaluated using the Marriage Expectation Scale (MES). Data were processed using SPSS version 29, with preliminary analyses comprising descriptive statistics, bivariate correlations, and multicollinearity checks to ensure suitability for modeling. Mediation analysis was performed using PROCESS Macro (Model 4) with 5,000 bootstrap resamples, and results were presented as total, direct, and indirect effects with 95% confidence intervals. Statistical significance was set at $p < 0.05$, and for highly significant findings, p -values were truncated at $p < 0.001$, in line with RJMHS reporting guidelines.

Data processing, study variables, and analysis

The dependent variable in this study was marital commitment, measured using the Marital Commitment Questionnaire (MCQ), while the independent variable was dysfunctional marital beliefs assessed through the Relationship Belief Inventory (RBI), and the mediator variable was marital expectations evaluated using the Marriage Expectation Scale (MES). Data were processed using SPSS version 29, with preliminary analyses comprising descriptive statistics, bivariate correlations, and multicollinearity checks to ensure suitability for modeling.

The mediation analysis was guided by the cognitive-behavioral framework, which posits that beliefs influence expectations, which in turn shape relational outcomes such as commitment. Accordingly, PROCESS Macro (Model 4) was used to test a simple mediation model in which marital dysfunctional beliefs (X) predict marital commitment (Y) both directly and indirectly through marital expectations (M).

This model enabled the decomposition of effects into total, direct, and indirect pathways, providing a clear test of the hypothesized mechanism.

Mediation analysis was performed using PROCESS Macro (Model 4) with 5,000 bootstrap resamples, and results were presented as total, direct, and indirect effects with 95% confidence intervals. Statistical significance was set at $p < 0.05$, and for highly significant findings, p -values were truncated at $p < 0.001$.

Ethical considerations

Ethical approval for this study was obtained from the Institutional Review Board of the College of Medicine and Health Sciences, University of Rwanda (Ref: CMHS/IRB/471/2024). Written informed consent was secured from all participants after they were fully informed of the study objectives, procedures, and their right to withdraw at any time without penalty. Permission to conduct the research at the Wellness and Family Centre was granted by the institutional management, and confidentiality was strictly maintained throughout the research process.

Results

Sociodemographic characteristics

As shown in Table 1, the study included 426 married individuals, evenly split by gender (50% male, 50% female). Most participants were aged 35-45 years (52%), followed by 25-34 years (48%), indicating the focus on mature adult relationships. Living conditions were balanced, with 53% in rural areas and 47% in urban. The average relationship duration was 6.36 years, with 1.92 children per participant. In terms of education, 53.99% had a bachelor's degree, 22.07% had a master's degree or higher, 22.3% had a high school education, and 1.64% had elementary education. Family backgrounds varied, with 29.81% in unhappy marriages, 28.87% in happy marriages, and 41.31% as single parents. This diverse demographic provides a comprehensive view of marital dynamics, beliefs, and commitments across various life stages and family structures.

Table 1. Sociodemographic distribution

| Category | Sub-Category | Frequency (N) | Percent (%) |
|---|-------------------|---------------|-------------|
| Sex | Female | 213 | 50% |
| | Male | 213 | 50% |
| Age | Between 35-45 | 222 | 52% |
| | Between 25-34 | 204 | 48% |
| Participants Living | Rural | 224 | 53% |
| | Urban | 202 | 47% |
| Years in a Committed Relationship: 6.36 years (average) | | | |
| Average Number of Children: 1.92 children | | | |
| Education Level | Elementary | 7 | 1.64% |
| | High School | 95 | 22.3% |
| | Bachelor Degree | 230 | 53.99% |
| | Master Degree + | 94 | 22.07% |
| Family Background | Happily Married | 123 | 28.87% |
| | Unhappily Married | 127 | 29.81% |
| | Single Parent | 176 | 41.31% |

Correlation between variables

The intercorrelation analysis shows significant relationships between Marital Beliefs (RBI), Marital Expectations (MES), and Marital Commitment (MCQ). Marital Beliefs were moderately correlated with Marital Expectations ($r = 0.537$, $p < 0.01$) and negatively correlated with Marital Commitment ($r = -0.623$, $p < 0.01$), while Marital Expectations were also negatively correlated with Marital Commitment ($r = -0.673$, $p < .01$).

These results suggest that stronger marital beliefs are associated with higher expectations but lower commitment. In contrast, Age showed moderate correlations with the marital variables ($r = 0.475$ with RBI, $r = 0.441$ with MES, and $r = -0.497$ with MCQ), suggesting that age does play a role in influencing marital beliefs, expectations, and commitment, (Table 1).

Table 2. Intercorrelation between variables

| Variables | Mean (SD) | RBI | MES | MCQ | Age |
|----------------------------|----------------|----------|----------|--------|-----|
| Marital belief (RBI) | 109.48 (18.12) | 1 | | | |
| Marital expectations (MES) | 110.39 (17.88) | 0.537** | 1 | | |
| Marital commitment (MCQ) | 111.81 (17.27) | -0.623** | -0.673** | 1 | |
| Age | 34.83 (3.97) | 0.475 | 0.441 | -0.497 | 1 |

** Statistically significant at $p < 0.01$

The Mediating role of marital expectations in the relationship between marital dysfunctional beliefs and marital commitment

The process Macro was used to explore how Marital Expectations function as a mediator in the relationship between Marital Dysfunctional Beliefs and Marital Commitment.

The analysis indicated that the total effect of Marital Dysfunctional Beliefs on Marital Commitment was statistically significant ($b = -0.486$, 95% CI [-0.5439, -0.4284], $\beta = -0.626$, SE $b = 0.0294$, $p < 0.001$), demonstrating a strong negative association between the two variables.

However, when Marital Expectations were introduced as a mediator, the direct effect was reduced but remained statistically significant ($b = -0.289$, 95% CI $[-0.3478, -0.2301]$, $SE\ b = 0.0300$, $\beta = -0.372$, $p < 0.001$). The indirect pathway through Marital Expectations was also statistically significant ($b = -0.197$, 95% CI $[-0.2418, -0.1508]$, $SE\ b = 0.0229$, $\beta = -0.254$, $p < 0.001$), suggesting that Marital Expectations partially mediate the relationship between Marital Dysfunctional Beliefs and Marital Commitment.

This means that Marital Dysfunctional Beliefs negatively influence Marital Commitment, both directly and indirectly, by shaping Marital Expectations. Overall, the total indirect effect was significant ($b = -0.197$, 95% CI $[-0.2418, -0.1508]$, $SE\ b = 0.0229$, $\beta = -0.254$, $p < 0.001$), indicating that a significant portion of the relationship between Marital Dysfunctional Beliefs and Marital Commitment is mediated by Marital Expectations. These findings suggest that Marital Dysfunctional Beliefs contribute to lower Marital Commitment through their impact on expectations within the marriage, demonstrating the critical role of expectations in shaping marital commitment, (Figure 1).

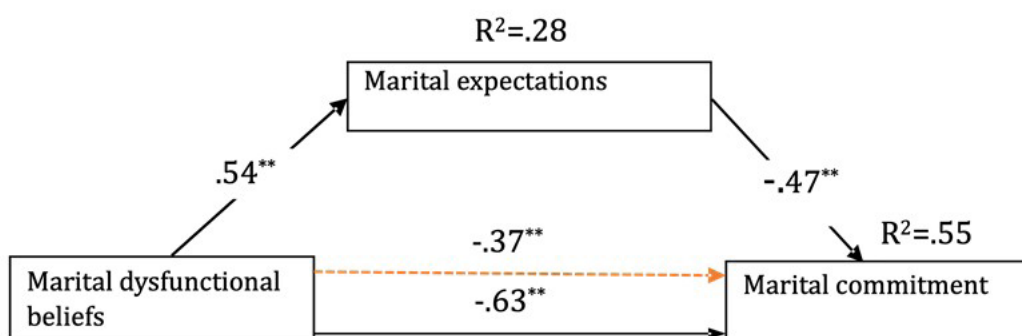


Figure 1. The mediating role of marital expectations in the relationship between marital dysfunctional beliefs and marital commitment

Discussion

The objective of this study was to explore the mediating role of marital expectations in the relationship between marital dysfunctional beliefs and marital commitment. Specifically, the study aimed to understand how marital dysfunctional beliefs, expectations, and commitment are interrelated and to examine whether expectations mediate the negative impact of dysfunctional beliefs on commitment. The results confirmed our hypothesis that marital expectations play a significant mediating role in this relationship, providing insight into how beliefs and expectations jointly shape commitment within marriage. Individuals with stronger dysfunctional beliefs were found to have higher expectations, which in turn negatively influenced their marital commitment.

This supports the proposed model that marital expectations partially mediate the relationship between dysfunctional beliefs and commitment. The mediation analysis confirmed the mediating effect, as the introduction of marital expectations reduced the direct effect of dysfunctional beliefs on commitment, while the indirect effect was significant, illustrating the importance of expectations in this dynamic.

The results align with previous research that has highlighted the critical role of expectations in shaping marital satisfaction and commitment. Sabatelli and Pearce initially proposed that individuals with rigid or unrealistic marital beliefs tend to have elevated comparison levels, or unrealistic expectations, which are often misaligned with the realities of marriage.[15]

More recent studies,[11,22] have also emphasized the need for interventions targeting expectations to mitigate the negative effects of dysfunctional beliefs on commitment. Funk and Rogge highlighted that unrealistic expectations derived from marital beliefs can lead to dissatisfaction, which in turn reduces commitment.[1] Mehrpouya et al. found that communication patterns and beliefs further exacerbate these dynamics, underscoring the critical interaction between expectations and relational outcomes.[7]

Moreover, the strength of the correlations between beliefs, expectations, and commitment found in this study reflects findings by McNulty and Karney,[18] who also noted the negative impact of unmet expectations on marital outcomes. The present study's results also align with Rusbult and Buunk,[4] who showed that irrational beliefs are closely linked to conflict in marriages, further reinforcing the idea that managing these beliefs and expectations is key to enhancing commitment.

Though not yet universally proven, recent research has increasingly highlighted the mediating role of marital expectations in the relationship between dysfunctional beliefs and marital commitment. For example, Neff and Karney,[8] found that unmet expectations were a significant predictor of lower commitment, particularly in relationships where dysfunctional beliefs were prevalent. Similarly, Funk and Rogge,[22] demonstrated that targeting marital expectations in therapeutic interventions could significantly improve marital commitment, even in couples with entrenched dysfunctional beliefs. This body of work underscores the importance of examining expectations not just as outcomes of marital dynamics but as key mediators that influence the overall quality of the relationship. Studies like Nelf and Morgan,[23] also stress the importance of family communication and the role of irrational beliefs in determining satisfaction and commitment, supporting our findings

on the significance of expectation management in improving marital outcomes. This study, conducted within the Rwandan cultural context, provides important insights into how cultural expectations may shape marital dynamics. Rwanda, like many other cultures, places significant value on marriage and family cohesion, with societal norms often reinforcing traditional marital roles and expectations. The relatively high educational attainment of the participants (with over 50% holding a bachelor's degree or higher) may reflect modern views on marriage, but deeply rooted cultural beliefs still likely influence marital expectations and commitment. The finding that dysfunctional beliefs negatively influence commitment in Rwandan marriages suggests that these cultural values may amplify the impact of unrealistic expectations, as couples may experience added pressure to conform to idealized marital roles. This reinforces the need for culturally sensitive interventions that address these entrenched beliefs and help couples navigate the challenges posed by their expectations within the context of their cultural realities.

This study contributes to the growing body of literature on marital dynamics by demonstrating that marital expectations significantly mediate the relationship between dysfunctional beliefs and marital commitment. While previous research has highlighted the individual effects of dysfunctional beliefs and expectations, this study adds nuance by showing how these factors interact to influence commitment. Furthermore, it expands the literature by focusing on the Rwandan context, offering a much-needed cross-cultural perspective that has been lacking in studies predominantly focused on Western populations. Similar studies have also stressed the interaction between irrational beliefs and commitment, highlighting the generalizability of these dynamics across cultures (16). By incorporating findings from different cultural contexts, this study further validates the possible universality of these psychological processes.

Strengths, limitations, and recommendations

A major strength of this study is its use of a large, diverse sample that includes participants from both urban and rural areas, offering a comprehensive view of marital dynamics across different demographic groups in Rwanda. Despite its strengths, the study has several limitations. First, the cross-sectional design limits our ability to infer causality. Second, the study relied on self-reported data, which may introduce bias due to social desirability or participants' tendencies to present their marital beliefs or commitment more favourably. Third, while the study focuses on Rwanda, the findings may not be generalizable to other cultural contexts where marital norms and expectations differ significantly. Finally, potential selection bias may have occurred, as some participants were recruited from a Wellness and Family Centre, possibly overrepresenting help-seeking individuals. Additionally, the high educational level of the sample may limit generalizability and influence marital beliefs, expectations, and commitment.

Future research should address these limitations by conducting longitudinal studies to track changes in marital beliefs, expectations, and commitment over time. Also, Future studies should distinguish between help-seeking and community-based participants and aim for more representative educational diversity to enhance generalizability. Additionally, qualitative studies could explore the deeper cultural and individual factors influencing marital expectations, particularly in non-Western contexts such as Rwanda. Developing culturally tailored interventions that address both the cognitive and emotional aspects of marital expectations could improve marital commitment and satisfaction.

Conclusion

The findings of this study provide significant theoretical and practical implications for understanding the dynamics of

marital beliefs, expectations, and commitment. Theoretically, the study confirms that marital expectations serve as a critical mediator between dysfunctional beliefs and commitment, extending previous models of marital satisfaction and stability. Practically, the findings underscore the need for interventions that focus not only on correcting dysfunctional beliefs but also on managing and recalibrating expectations within marriages. In the Rwandan context, where traditional values and modern perspectives on marriage often intersect, culturally sensitive therapeutic approaches are essential to address the unique challenges faced by couples. By focusing on both beliefs and expectations, practitioners can foster greater commitment and improve the overall quality of marital relationships.

Authors' contributions

A.N. led the study design, conducted the data analysis, and drafted the initial manuscript. As the principal investigator, A.N. also coordinated the overall research project. J.N. contributed to the study design, assisted with data analysis, and provided significant revisions to the manuscript. C.M. managed participant recruitment and data collection and reviewed the manuscript. J.M., as the main supervisor, and J.M.N., as co-supervisor, oversaw the conception and execution of the project, contributed to data interpretation, and critically revised the manuscript for important intellectual content. All authors have reviewed and approved the final version of the manuscript submitted.

Conflict of interest

The authors declare that they have no conflicts of interest regarding the publication of this article. No financial, personal, or institutional relationships were involved that could be perceived as influencing the research outcomes, interpretation, or reporting of the findings.

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