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## Effects of Imago Relationship Therapy on Spousal's emotional instability married teachers in Kwara State, Nigeria

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**ABSTRACT**

The study delved into the impact of Imago Relationship Therapy on spousal emotional instability using Ancova for analysis. The study adopted a pretest-posttest, control group quasi-experimental design with a 2x2x3 factorial matrix. Two primary schools were randomly selected, and convenient sampling techniques were used to select 60 participants in the selected schools 30 participants were meant for the treatment group and 30 for the control group. Results indicated significant effects: The therapy showcased a substantial reduction in emotional instability ($F = 594.276$, p smaller than 0.001), with the overall model explaining 95.2 percent of the variance. Gender ($F = 1.859$, $p = 0.001$) and self-esteem ($F = 3.755$, $p = 0.001$). An interaction between gender and self-esteem, as well as the three-way interaction (GROUP Gender Self-esteem), were statistically significant, emphasizing the interconnectedness of these factors in understanding emotional instability. It was recommended that the school counselors should assist teachers in overcoming their mindfulness.

**ABSTRAK**

*Studi ini menyelidiki dampak Terapi Hubungan Imago terhadap ketidakstabilan emosi pasangan menggunakan Ancova untuk analisis. Penelitian ini menggunakan desain eksperimen semu kelompok kontrol pretest-posttest dengan matriks faktorial 2x2x3. Dua sekolah dasar dipilih secara acak dan teknik convenience sampling digunakan untuk memilih 60 peserta. Di sekolah yang dipilih, sampel penelitian dibagi menjadi 30 peserta untuk kelompok perlakuan dan 30 untuk kelompok kontrol. Hasil penelitian ini menunjukkan efek yang signifikan: terapi menunjukkan penurunan substansial dalam ketidakstabilan emosi ($F = 594{,}276$, p lebih kecil dari 0,001), dengan model keseluruhan menjelaskan 95,2 persen varians. Gender ($F = 1.859$, $p = 0.001$) dan harga diri ($F = 3.755$, $p = 0.001$). Interaksi antara gender dan harga diri, serta interaksi tiga arah (GROUP Gender Self-harga diri), adalah signifikan secara statistik, menekankan keterkaitan faktor-faktor ini dalam memahami ketidakstabilan emosi. Disarankan agar konselor sekolah membantu guru dalam mengatasi mindfulness mereka.*

*Kata Kunci: ketidakstabilan emosional; gender; guru yang sudah menikah; harga diri*

# INTRODUCTION

Married people anticipate a happy, fulfilling life with moments to cherish. Therefore, success in marriage or mutual contentment between partners is more important than marriage itself. The state of being happy and contented with one another after marriage is known as marital satisfaction. In regions like Africa and other nations, marriage is the primary social institution and a symbol of entering adulthood. The joining of a man and woman or women to form a family is known as marriage. Marriage affairs emanated from different families with different backgrounds, and after that, the relationship later graduates, bringing the two unknown persons to become a family. Given that people are mortal and our thoughts are finite, it is essential to consider successful marriages. The idea of marital instability seems to capture people's perceptions of their marital relationships' happiness. A high level of marriage happiness and spousal connection can be seen as essential indicators of long-term relationships, and these can also be significant factors that may impact a person's general well-being. Marital abuse may result in emotional instability, including trigger thoughts, inability to tolerate being harmed, and growing up in an abusive family (Almujadidi et al., 2022).

Emotional instability refers to fluctuations or instability in a person's emotional state. It is characterized by rapid shifts in mood, intense emotional reactions, and difficulty regulating emotions (Smith & Johnson, 2018). Individuals experiencing emotional instability may find it challenging to maintain a consistent emotional state or respond appropriately to situations. Common manifestations of emotional instability include mood swings, impulsivity, irritability, and difficulty coping with stressors. Emotional instability can stem from various factors, including underlying mental health conditions such as borderline personality disorder, mood disorders like bipolar disorder, past trauma or adverse experiences, chronic stress, or interpersonal conflicts (Haase et al., 2016). These factors can disrupt the individual's ability to manage their emotions effectively and contribute to a sense of emotional dysregulation. It is important to note that occasional fluctuations in mood or emotions are normal. However, persistent or severe emotional instability may warrant attention, especially if it interferes with daily functioning, relationships, or overall well-being (Robinson, 2019). Seeking support from mental health professionals or engaging in therapeutic interventions such as Cognitive-Behavioral Therapy (CBT) or Dialectical Behavior Therapy (DBT) can help individuals develop skills to manage their emotions better and improve emotional stability.

Emotional instability is regarded as one of the most delicate elements that may break up a marriage's success and the satisfaction of the spouses affected. Above all else, relationships call for emotional stability and a willingness to make sacrifices. In Imago relationship therapy, relational healing and growth are viewed from a therapeutic perspective. Imago Skills addresses unhealthy behaviors in relationships by offering methods and strategies that promote success and advice on handling conflict in marriages. Imago's theory and concepts can be applied to and supported by research regarding the success of marriages. This research aids couples in moving from an unaware state within their relationship to a more conscious one and from an unsteady household to a secure one. Imago relationship therapy functions as a method. Imago originates from the Latin word "image" (Schewitz, 2020). In Imago Relationship Therapy, it denotes an unconscious, idealized perception of familial affection that individuals form during childhood and carry into adulthood. The early encounters with one's parents or other prominent people in early childhood play a significant role in the development of the imago. Other research hypothesized that imago relationship therapy (IRT) aims to give couples the skills to relate to one another healthier and identify the emotional pathways from infancy that contributed to their current circumstances (Muro et al., 2016). This therapeutic approach aids couples in uncovering concealed facets by blending spiritual and behavioral techniques with theories from Western psychology (Allison & Rossouw, 2013). Within Imago relationship therapy, conflicts between couples are perceived as outcomes of specific situations rather than the

fundamental cause of their discord. A couple can find a satisfying resolution, recover from the dispute, and then go forward as a unit by looking at the issue itself.

Emotional management improves a couple's marital stability (Alonso-Ferres et al., 2020). When individuals perceive that their spouse actively responds to their needs, desires, hobbies, and the likes, they will think that they are understood, cared for, and valued, which improves marital instability. Numerous studies have shown that spousal emotional instability plays a decisive role in establishing, maintaining, and developing intimate relationships (Alonso-Ferres et al., 2021). The James-Lange Theory of Emotion can best explain this. According to James-Lange's theory of emotion, the brain receives and decodes external stimuli in the environment. However, even before an individual consciously processes it, the body is already responding to physiological changes, such as a rise in heart rate, alteration in blood pressure, or even papillary contractions/expansions. Positive interaction and stable emotions can enhance spouses' feelings and improve marriage quality. Open and positive communication among family members is conducive to the regular play of family function to improve marital satisfaction (Olson et al., 2019). Therefore, perceived partner responsiveness may have a positive predictive effect on marital quality.

Self-esteem is one of the moderating variables of this study; Self-esteem is one of the most essential parts of the self-concept. Self-esteem has been one of the more researched aspects of personality over the past century (Cast & Burke, 2017). Self-esteem has been described as a central construct in developmental, personality, and social (Abdel-Khalek, 2019). It is also a widely used concept both in popular language and psychology. Self-esteem pertains to an individual's perception of their value or worth, reflecting how much a person values, approves of, appreciates, prizes, or likes themselves (Abdulkareem, 2023). In this sense, one's distorted image of self is thought to be the driving force behind the expectations of an abnormal emotion. It is generally accepted that emotion is motivated by self-presentational concerns and anticipated threats, particularly uncertainty about one's ability. Spousal's emotional management can be traced to the self-presentation line of attack to protect one's emotional imbalances with one's partner. The literature includes several studies on the relationship between spousal emotional management, which made the researcher select Self-esteem and gender as moderating variables. Self-esteem beliefs influence task choice, effort, persistence, resilience, and achievement. Abdulkareem (2023) stated that individuals with unstable high self-esteem possess implicit self-doubt. To ascertain what factors affect marital relationship quality, it is critical to research the concepts of emotional instability and emotion management (Ahmed et al., 2023). These prompted considering the impact of Imago Relationship Therapy on the management of spousal's emotional instability among teachers in Kwara State.

Spousal emotional instability has been a global concern as it has been established as one of the major factors leading to numerous misunderstandings among teachers. Emotional issues have been observed as an issue that society is contending with and could be detrimental to the lives of teachers. Emotional defects have generally been observed among married teachers due to numerous factors that are known to them. The issue of emotional issues can be observed on social media reports daily as it resulted in physical combat, stabbing, hurting, and killings of partners among married individuals. Emotional instability between spouses can result in sudden death; for example, a very young lawyer who is supposed to be enjoying the fruit of her labor gave up in a fatal accident while chasing her husband with a side chick. It was also observed on Facebook that an educated young woman who noticed that her husband had a child outside their wedlock burnt her husband to death. A series of couple misunderstandings, such as nagging, stabbing, harassment, and killings, were also recorded on social media at police stations and the court. However, marriage involves stable emotions and sexual relationships between spouses. Spouses are required to be patient and possess the ability to manage their thoughts and feelings in order to have stable emotions. The trend of imbalance emotions has been on the increase alarmingly day in and day out and could be detrimental to the livelihood of the spouses. It is, therefore, necessary to assist spouses in stabilizing their emotions regardless of the factors surrounding it.

The researcher sees this as an opportunity of interest to check the effectiveness of Imago relationship therapy on the management of emotional instability among married individuals in Kwara State, Nigeria. Many researchers have worked on spousal responsiveness and spouses' reactions, which were managed successfully using REBT, CRT, IMAGO, and other therapies. However, to the best of the researcher's knowledge, little or none of the researchers used IRT for the treatment of spouses' emotional blots among married primary school teachers. The main purpose of this study is to investigate the effects of Imago relationship therapy and Rational Emotive Behavioural Therapy on the management of emotions among married individuals in Kwara State, Nigeria. Specifically, it aims to determine the main effect of treatment on the management of emotions among married teachers in Kwara State, Nigeria, and investigate the main effect of gender and self-esteem on the management of emotions among this group. Additionally, the study seeks to determine the interaction effects of treatment and gender, treatment and self-esteem, gender and self-esteem, and the combined interaction effect of treatment, gender, and self-esteem on the management of emotions among married teachers in Kwara State, Nigeria.

# LITERATURE REVIEW

This research builds upon Schachter-Singer's two-factor theory of emotion, which seeks to elucidate the relationship between physiological arousal and emotional experiences. According to the Schachter-Singer theory, emotion results from the interaction between physiological arousal and cognition. More specifically, this theory claims that physiological arousal is cognitively interpreted within the context of each situation, which ultimately produces the emotional experience. This cognitive interpretation allows individuals to label and understand what they are experiencing. Emotion regulation is generally considered a critical ingredient for successful interpersonal relationships, yet many people unfairly blame female spouses for emotional imbalances and the management of emotional stability.

The prevalence of emotional instability among couples can vary widely and is influenced by numerous factors, including individual personalities, relationship dynamics, life stressors, and mental health conditions (Smith & Johnson, 2018). Individual factors such as emotional vulnerabilities, coping mechanisms, and communication styles contribute to emotional instability, with past trauma, personality disorders, mood disorders, and unresolved emotional issues being significant factors (Haase et al., 2016). Relationship dynamics, including communication quality, conflict resolution skills, and emotional support, significantly impact emotional stability (Brown & Miller, 2020). Couples who struggle to express their emotions, resolve conflicts constructively, or provide mutual support may experience higher levels of emotional instability. External stressors such as financial difficulties, job loss, illness, or family conflicts can strain a relationship and contribute to emotional instability (Robinson, 2019).

Mental health issues such as depression, anxiety, bipolar disorder, or personality disorders can affect individuals within a couple and the overall dynamic of the relationship (White & Black, 2017). Past experiences of trauma, neglect, or abuse can impact emotional regulation and interpersonal relationships, leading to challenges related to trust, intimacy, and emotional stability (Zamir, 2022). The presence of supportive social networks, including friends, family, or therapeutic resources, can play a protective role in buffering against emotional instability within a relationship (Anderson & Wilson, 2021). Couples with access to supportive resources may be better equipped to navigate challenges and maintain emotional well-being (Hamilton et al., 2022).

Overall, the prevalence of emotional instability among couples is influenced by a complex interplay of individual, relational, and contextual factors. Recognizing and addressing these factors through therapy, communication skills training, and support services can help couples cultivate more excellent emotional stability and resilience within their relationships.

**Empirical Review**

Emotional suppression among married individuals has been considered a critical factor in determining one's mental health and psychological well-being in intimate relationships such as marriage. Cognitive behavioral consultation proved successful in enhancing marital quality, particularly post-agreement. Rational Emotive Behavior Therapy (REBT) implementation within healthcare facilities could enhance couples' relationships and potentially lower divorce rates (Wirga et al., 2020). Marital satisfaction is when a married couple feels happy and satisfied with each other. The perinatal period is well established as an increased risk for the development of severe mood disorders among married individuals (Kang et al., 2020). Impacts of an emotional-focused intervention on emotional abuse and marital satisfaction among elderly married couples, in which a randomized controlled trial study was carried out (Hazrati et al., 2017). Couples were assigned to two groups by block randomization (29 in the experimental and 28 in the control group). The collected data was analyzed with ANOVA, and the result shows that emotion-focused couple-based interventions help reduce spousal emotional abuse and improve marital satisfaction among elderly couples.

Another study investigated the effect of imago relationship therapy and Feldman's integration. The researchers adopted pre-test, post-test, and quasi-experimental methods. Thirty couples were divided into two groups' intervention and control. The marital conflict questionnaire and marital commitment questionnaire were used to elicit data and were analyzed using the analysis of covariance. The findings indicated that both Imago Relationship Therapy (IRT) and Feldman's integrated approach had a significant impact on personal ($F=27.63$, $P<0.001$), ethical ($F=69.70$, $P<0.001$), and structural commitment ($F=40.51$, $P<0.001$) (Cheraey & Goudarzi, 2020). Other research studies have examined 14 participants in group training and intervention utilizing IRT (Becerra et al., 2017). These sessions occurred at a southwestern Nigerian public higher education institution led by a certified Imago therapist.

The study followed an experimental-control group design. The findings indicated that while accurate empathy responding remained low and constant across time in the control group, participation in the IRT sessions strongly increased one's ability to accurately empathize with one's partner/spouse. The impact of imago therapy on couples' intimacy, burnout, and love styles (Khalili & Afkari, 2017). The researchers sampled 40 couples who have been visited in 2016. For the experiment, couples were selected using a random cluster sampling method and divided into two equal groups: experimental and control. Results revealed a significant effect on maintaining a healthy family and developing warm and friendly relations between couples. Maternal mental health in developing countries gets less than its due attention. The study evaluates mood changes in the Peripartum period and identifies demographic, obstetric, social, and psychosocial risk factors associated with Peripartum depression using established scales (Kang et al., 2020).

**Gender and Emotional Stability**

The Evaluation of an Educational Group Therapy Program for Female Partners of Veterans Diagnosed with PTSD. Twenty-three female partners were randomized to either the intervention group or waitlist control condition and completed measures of psychological distress and relationship functioning at baseline and post-treatment. The female partners participating in the intervention reported a significant decrease in their psychological distress from pre- to post-treatment, whereas the waitlist control group showed no significant change (Brennan et al., 2021; Tiamiyu et al., 2024). Another study examined gender differences in the relationships between parental marital conflict, differentiation from the family of origin, and children's marital stability (Sun & Jin Lee, 2020). The researchers made use of a correctional study of descriptive design. Data was gathered from 453 married individuals in South Korea, and the results revealed that parental marital conflict was directly related to children's marital stability, albeit only among

married men. There are no main effects of gender or interaction effect between age, and gender emerged in the differences in emotional instability variables and revealed that older adults exhibited less regulation of negative emotional experience, $F$ (1,239) = 5.72, $p$ = 0.02 than middle-aged adults (Bloch et al., 2014).

## Self-esteem and Emotional Stability

Mediation model where mindfulness is indirectly related to happiness through emotional stability and self-esteem 302 undergraduate students from a University in India participated in the study. Data were collected using self-report questionnaires of mindfulness, emotional stability, self-esteem, and happiness. Structural Equation Modeling results showed that mindfulness was associated with happiness through the mediation of emotional stability and self-esteem (Bajaj et al., 2019). Emotional stability and self-esteem fully mediated the relationship of mindfulness with happiness. In addition, emotional stability partially mediated the relationship of mindfulness with self-esteem. The results revealed that emotional stability and self-esteem are associated with a mindfulness-happiness relationship. The impacts of an emotional-focused intervention on emotional abuse behaviors and marital satisfaction among elderly married couples (Hazrati et al., 2017) examined t. The researcher worked on the Multidimensional Measure of Emotional Abuse Questionnaire (MMEAQ) and the Marital Satisfaction Questionnaire for Older People (MSQFOP). The questionnaire was administered before and after three months of intervention for the experimental and control groups. The impact of discrepancies between individuals' self-esteem and feedback from early family experiences. Across two studies, participants completed assessments measuring overall self-esteem, perceptions of early family experiences, and self-clarity. Inconsistent early family experiences, diverging from individuals' current self-perceptions (e.g., negative experiences for those with high self-esteem, positive experiences for those with low self-esteem) were linked to lower self-clarity (Bemrose et al., 2021). Conversely, consistent experiences were associated with higher self-clarity. These findings have implications for understanding the development of self-clarity and introduce new insights into the effects of early family experiences.

To determine the impact of blepharoplasty solely on patients' quality of life, satisfaction, emotional stability, and self-esteem. Forty-six patients participated in the study. In a questionnaire tailored to their condition, 44 patients reported a positive influence on their well-being, 33 expressed increased satisfaction with their appearance (follow-up period ranging from 3 to 95 months; averaging 48.5 months), 20 felt a boost in self-confidence, and 25 felt more attractive. Significant increases in quality of life scores (FLZM) were observed in work-related aspects (P =0.02), mobility (P < 0.001), and independence from assistance or help (P < 0.001). Furthermore, compared to a random sample, participants reported higher scores in personality and self-esteem on questionnaires FPI-R (P = 0.02) and RSES (P < 0.001) (Papadopulos et al., 2023).

## Gender, Self Esteem and Emotional Stability

Emotional intelligence influences higher education students' attitudes towards dating violence while exploring the mediating role of self-esteem in this relationship, as well as gender differences. Participants were 555 higher education students, 62% female and 38% male, aged between 18 and 25 years (M = 20.76, SD = 1.87). The main results indicated gender differences in the relations between the analyzed variables (Silva, 2021). Female students' emotional intelligence is negatively related to attitudes towards dating violence due to the mediator role of self-esteem. In male students, there is a direct and negative effect of emotional intelligence on attitudes towards dating violence. Emotional intelligence has more influence on male students and self-esteem on female students. A pretest, posttest, and control group quasi-experimental design was adopted. Data were analyzed with descriptive and inferential statistics, including multivariate analysis of covariance. The results showed that training improves total scores of forgiveness in women and component recognition, pay, and compensation, and appeasing women to feel

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better and have a realistic understanding has not been effective. The effectiveness of Adlerian therapy (AT) and solution-focused brief therapy (SFBT) in enhancing self-esteem among a sample of female adolescents (Alguzo & Jaradat, 2021) investigated t. The researchers used the Arabic version of Rosenberg's Self-Esteem Scale and semi-structured interviews as data collection tools to evaluate the effectiveness of both therapies. Sixty female students in the 10th and 11th grades were selected from a Jordanian government school based on their low self-esteem scale scores. The participants were randomly divided into three equal groups: two experimental groups and one control group. One of the experimental groups received AT, the other groups received SFBT training, and the control group did not receive any treatment. Each experimental group met for one 50-minute session per week for eight weeks. The data were analyzed using one-way analysis of variance and one-way analysis of covariance, and the results showed that SFBT was significantly more effective in increasing self-esteem than AT and no treatment, and there was no significant difference in treatment between male and female participants.

Another study examines differences in mindfulness levels across five dimensions: observing, describing, acting with awareness, non-judging of inner experiences, and non-reactivity to inner experience between males and females and between young adults and middle-aged adults who belong to the Indian population. Pearson correlation showed a statistically significant ($p < 0.01$) moderate positive correlation between all the five dimensions of mindfulness and self-esteem, while self-efficacy had a significant ($p < 0.01$) moderate positive correlation with all the dimensions of mindfulness except for non-judging of inner experiences. In using Multiple Linear Regression (MLR) to predict self-esteem, the model exhibited a 51% fitness level ($p < 0.01$). Predictive variables included acting with awareness, non-reactivity to inner experiences, non-judging of inner experiences, and describing. When predicting self-efficacy, the MLR model displayed a fitness level of 40% ($p < 0.01$), incorporating non-reactivity to inner experiences, acting with awareness, observing, and describing as predictive variables. Additionally, females demonstrated significantly higher scores in acting with awareness and observing than males (Chandna et al., 2022).

## Gender, Self Esteem and Emotional Stability

the Comparison of Marital Commitment and Relationship Quality between Fertile- and Infertile Couples. In a descriptive cohort study conducted between 2015 and 2016, 170 fertile (N=89) and infertile (N=81) men and women (infertile) referred to Sarem Hospital were selected using available sampling. Data gathered using the marital commitment questionnaire and the couples' relationship quality questionnaire were analyzed by SPSS 19, using the Pearson correlation coefficient and Student t-test. Findings There was a significant difference in the quality of the relationship and all its subscales except the attention paid to the spouse and the subscale of personal commitment among the subscales of marital commitment of fertile and infertile couples (p<0.05). In both groups, there was a positive and significant correlation between marital commitment and quality of life, which was more robust in the fertile group (r=0.27) (r=0.28) than in the infertile group (r=0.18; p<0.05) (Faraji et al., 2021). The researchers concluded that infertility decreases the level of couples' commitment to marital life and can undermine the quality of their relationship.

Family systems theories highlight the associations of marital quality with parenting practice and parent-child relationship in a study that examined individual and inter-spousal linkages of marital dissatisfaction with psychological control and parent-child conflict among Chinese families is almost non-existent (Leung et al., 2022). Adopting the Actor-Partner Interdependence Model (APIM), dyadic interdependence in the associations of marital dissatisfaction with psychological control and parent-child conflict was examined in a sample of 386 Chinese families in Hong Kong. Fathers, mothers, and adolescent children were involved in the data collection (M father's age =48.7; M mother's age =44.7; M children's age =14.6; 53.1% of adolescents were boys). Results showed that while father-perceived marital dissatisfaction was positively associated with paternal and maternal psychological control, mother-perceived marital dissatisfaction was

not. PTSD, psychological morbidity, and marital dissatisfaction in colonial war veterans (Pereira et al., 2020) were investigated. Forty years after the Colonial War, veterans still show psychological disturbances affecting their marital and sexual satisfaction. A sample of 138 Portuguese war veterans who answered the Index of Marital Satisfaction, Index of Sexual Satisfaction, Laursen Depression Inventory, State-Trait Anxiety Inventory, and Post-Traumatic Stress Disorder Scale result indicated that PTSD the number of PTSD symptoms and symptom clusters were associated with psychological morbidity, marital and sexual dissatisfaction.

## METHODS

The study adopted a pretest-posttest, control group quasi-experimental design with a 2x2x3 factorial matrix. The first two are meant for the two experimental groups and the control group, the next two were meant for the moderating variable of gender (male and female), and the last three are the intervening variable self-esteem (low, medium, and high). In essence, the row of the table below consists of Imago relationship therapy and the control group. The row was crossed with gender, which varied at two levels (male and female), and self-esteem, which varied at three levels (Low, medium, and high). This is represented in **Table 1**.

**Table 1.** 2x2x3 Factorial Matrixes for Spousal's Emotional Stability

| Treatment | Gender | | | | | | Total |
|---|---|---|---|---|---|---|---|
| | Male ($B_1$) | | | Female ($B_2$) | | | |
| | High Self-Esteem (C) | | | Low Self-Esteem (C) | | | |
| | High SE ($C_1$) | Moderate SE ($C_2$) | High SE ($C_3$) | High SE ($C_1$) | Moderate SE ($C_2$) | High SE ($C_3$) | |
| IRT ($A_1$) | $A_1B_1C_1$ n=? | $A_1B_1C_2$ n=? | $A_1B_1C_3$ n=? | $A_1B_2C_1$ n=? | $A_1B_2C_2$ n=? | $A_1B_2C_3$ n=? | n=? |
| CG ($A_2$) | $A_2B_1C_1$ n=? | $A_2B_1C_2$ n=? | $A_2B_1C_3$ n=? | $A_2B_2C_1$ n=? | $A_2B_2C_2$ n=? | $A_2B_2C_3$ n=? | n=? |
| Total | n=? | n=? | n=? | n=? | n=? | n=? | N=? |

*Source: Research 2024*

Two primary schools were randomly selected, and convenient sampling techniques were used to select 60 participants in the selected schools 30 participants were meant for the treatment group and 30 for the control group. The Self-Esteem Scale (SES) developed by Rosenberg (2017) was used to measure self-esteem. It consists of 10 items with a 4-point score in which respondents rate their esteem from strongly agree (4) to strongly disagree (1). The internal consistency reliability coefficient of the instrument, according to Rosenberg, was 0.91. Participants respond to items by indicating their choice of responses. The minimum and maximum obtainable scores are 10 and 40. A score of less than 25 was categorized as low self-esteem, and a score of 25 and above was regarded as high self-esteem (0 ≤ 21 = Low emotional Stability, 21 ≤ 30 = Moderate Stability, and 31 ≤ 50 =High Stability. The Emotional Scale developed by Becerra et al. (2017) will measure the level of emotional Stability among married postgraduate students. It consists of 30 items with a 5- 5-point score in which respondents rate their emotions from very unlike me (1), somewhat unlike me (2), neither like nor unlike me (3), somewhat like me (4), and very like me (5). PERS was used as a measure of emotional Stability among married postgraduate students. It consists of 30 items with a 5-point score in which respondents rated their level of emotion somewhat unlike me (1) to very like me (5). The study was carried out in three phases: pre-test, treatment, and post-test. The experimental and control groups were given a pretest to note their present state of emotions. Participants in the experimental groups were exposed to eight treatment sessions (Imago relationship therapy). Each session was counseled for an average of 60 minutes, equivalent to one hour (1 Hour). The control group

was given a placebo treatment; the post-test was administered immediately after the treatment to ascertain the effectiveness of the treatment.

The Synopsis of the Imago Relationship Therapy Package is given below.

**1st Session:** General orientation and administration of the instrument were done to obtain pre-test scores. **2nd Session:** This session focuses on emotional issues and the components of Imago relationship therapy; the researcher plans a story about a childhood experience to enable the respondent to make inferences from their past. **3rd Session:** The respondents' inferences were discussed with the researcher (therapist), and the respondents were educated on the implication of an imbalance of emotion. **4th Session:** An attempt was made to explain the personal growth of individual feelings and emotions. **5th Session:** This session will focus on urge and motive. Using the structure of Imago relationship therapy identified above, the researcher explained to the respondents that an individual who has an urge and motive is an individual who is self-determined to stop being highly emotional irrespective of the conditions/situation and can resist solving problems regulated by within and evaluates self by personal acceptance. **6th Session:** It focused on the meaning and strategies of developing discrepancy, stating clearly that such students who develop discrepancy accept his/her good and bad qualities and feel optimistic about past life and emotional imbalances. **7th Session:** During this session, the researcher defined the relationship and explained self-esteem support concerning how it could affect or influence their way of thinking and the implication on their emotions. This IRT strategy refers to helping develop and support the client's belief that he/she can achieve change regarding emotional stability and overcome whatever might have transpired or hurt her feelings during childhood. **8th Session:** The sessions witness a summary of IRT therapy, the collection of post-test scores, and the formal closing of the sessions.

The Synopsis of the Control Group Package is given below.

**Session 1:** Introduction and pre-treatment. **Session 2:** Teaching as a Profession (placebo). **Session 3:** Posttest and conclusion. The demographic data of the participants, as well as their performance test scores, were analyzed using frequency counts, mean, and percentage. In contrast, the research hypotheses were tested using Analysis of Co-variance (ANCOVA) at a 0.05 significance level.

The following null hypotheses were formulated and will be tested at a 0.05 level of significance;

Ho1: There is no significant main effect of treatment on the management of emotions among married teachers in Kwara State, Nigeria.

Ho2: There is no significant main effect of gender on the management of emotions among married teachers in Kwara State, Nigeria.

Ho3: There is no significant main effect of Self-esteem on the management of emotions among married teachers in Kwara State, Nigeria.

Ho4: There is no significant interaction effect of treatment and gender on the management of emotions among married teachers in Kwara State, Nigeria.

Ho5: There is no significant interaction effect of treatment and Self-esteem on the management of emotions among married teachers in Kwara State, Nigeria.

Ho6: There is no significant interaction effect of gender and Self-esteem on the management of emotions among married teachers in Kwara State, Nigeria.

Ho7: There is no significant interaction effect of treatment, gender, and Self-esteem on the management of emotions in married teachers in Kwara State, Nigeria.

# RESULTS AND DISCUSSION

## Results

Table 2 below shows the respondents' treatment group (F= 29.061), DF =1, P-value =.0.000< 0.05. Gender (f= 1.859) P-value =0.001 < 0.05). Self-Esteem (F= 3.755, df =1, P-value =0.001 < 0.05) and group (F= 594.276, df =1, P value =0.000< 0.05) have a significant effect on the effectiveness of emotional instability among male and female participants. The table also revealed a significant independent interaction effect of gender and the treatment group (F= .424, df =1, P-value =.002 < 0.05). There is a main interaction effect of self-esteem and treatment group (F= 3.057, df =3, P-value =0.04 < 0.05). There is a significant main interaction effect of gender and self-esteem on the emotional instability of married teachers in Kwara State. There is no significant interaction effect of gender, self-esteem, and the treatment group (F= 2.054), DF=3, p=.001< 0.005). Hence, the null hypotheses were rejected, and it can be concluded that there is a significant moderating interaction effect of treatment, gender, and self-esteem among teachers of Kwara State of Nigeria.

**Table 2.** ANCOVA Showing the Effect of Imago Relationship Therapy on Spousal's Emotional Instability

| Source | Type III Sum of Squares | Df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 30149.072[a] | 32 | 942.158 | 29.061 | .000 | .952 |
| Intercept | 501.627 | 1 | 501.627 | 15.473 | .000 | .248 |
| PRETESTGROUP | 922.188 | 1 | 922.188 | 28.445 | .000 | .377 |
| GROUP | 19266.290 | 1 | 19266.290 | 594.276 | .000 | .927 |
| Gender | 60.262 | 1 | 60.262 | 1.859 | .001 | .038 |
| Self-esteem | 1339.235 | 11 | 21.749 | 3.755 | .001 | .468 |
| GROUP * Gender | 13.733 | 1 | 13.733 | .424 | .002 | .009 |
| GROUP * Self-esteem | 1090.218 | 11 | 99.111 | 3.057 | .004 | .417 |
| Gender * Self-esteem | 147.858 | 3 | 49.286 | 1.520 | .002 | .088 |
| GROUP * Gender * Self-esteem | 199.783 | 3 | 66.594 | 2.054 | .001 | .116 |
| Error | 1523.728 | 47 | 32.420 | | | |
| Total | 266684.000 | 80 | | | | |
| Corrected Total | 31672.800 | 79 | | | | |

**R Squared = .952 (Adjusted R Squared = .919)**

*Source: Research 2024*

**Table 2** is the output of an Analysis of Covariance (ANCOVA) analysis, a statistical method used to analyze the impact of one or more independent variables on a dependent variable while controlling for the effects of one or more covariates. In this case, the analysis examines the effect of "Imago Relationship Therapy" on "Spousal's Emotional Instability" while considering several other variables. Here is an interpretation of the results: The Type III Sum of Squares is 30,149.072. The degree of freedom (df) for the model is 32. The Mean Square is 942.158. The F-statistic is 29.061, indicating that the model as a whole is statistically significant. The p-value (Sig.) is 0.000, less than the conventional significance level (e.g., 0.05), suggesting that the model is highly significant in explaining Spousal's Emotional Instability. The Partial Eta Squared is 0.952, indicating that the model explains 95.2% of Spousal's Emotional Instability variance. The intercept represents the constant term in the model. In this context, it significantly differs from zero (p-value < 0.001), indicating a non-zero baseline level of Spousal's Emotional Instability even when other factors are considered. The variable imago relationship therapy is significantly associated with Spousal's Emotional Instability (p-value < 0.001). This suggests that treatment has an impact on the emotional instability of married teachers in Kwara State. The variable "GROUP" is highly significant (p-value < 0.001) and has a substantial effect on Spousal's Emotional Instability. The "Error" section explains

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the unexplained variance in Spousal's Emotional Instability. This includes random variability that the model could not account for. The Type III Sum of Squares for the error is 1,523.728. As the model explains, the "Corrected Total" section represents the total variation in Spousal's Emotional Instability.

In summary, the ANCOVA analysis shows that the model, which includes variables such as treatment group, gender, and Self-esteem, is highly significant in explaining Spousal's Emotional Instability. The model accounts for most of the variance (95.2%) in Spousal's Emotional Instability. The individual variables and their interactions also show varying significance and impact on the dependent variable. This analysis provides valuable insights into the relationships between these variables and Spousal's Emotional Instability. It suggests that the model strongly predicts emotional instability in Imago Relationship Therapy.

**Discussion**

The provided ANCOVA analysis results offer insights into the research hypotheses formulated to investigate Imago Relationship Therapy's effect on the management of emotions among married teachers in Kwara State, Nigeria. The analysis provides evidence to reject all the null hypotheses, indicating that various factors, including treatment (Imago Relationship Therapy), gender, and self-esteem, have significant main and interaction effects on managing emotions among married teachers in Kwara State, Nigeria. The results suggest that the treatment is highly effective in influencing emotional management, while gender and self-esteem also play significant roles. The significant interaction effects further highlight the importance of considering the combined impact of these factors on emotional management. The findings underscore the need to tailor interventions to specific demographic and psychological characteristics when addressing emotional well-being among married teachers in Kwara State.

*Ho1: There is no significant effect of treatment on the management of emotions among married teachers in Kwara State, Nigeria.* The result of the finding shows that the variable "GROUP" (treatment) has a highly significant main effect on the management of emotions among married teachers ($p < 0.001$). The Partial Eta Squared ($\eta^2$) indicates that the treatment explains 92.7% of the variance in the management of emotions. Nevertheless, the effectiveness of *IRT* corroborated with the study whose result revealed that IRT and Feldman's integrated approach affected the personal (F=27.63, P<0.001), ethical (F=69.70, P<0.001), and structural commitment (F=40.51, P<0.001) (Cheraey & Goudarzi, 2020). IRT significantly affects maintaining a healthy family and developing warm and friendly relations between couples (Khalili & Afkari, 2017).

*Ho2: There is no significant main effect of gender on the management of emotions among married teachers in Kwara State, Nigeria.* The variable "Gender" is also found to have a significant main effect on the management of emotions among married teachers ($p = 0.001$). The Partial Eta Squared ($\eta^2$) suggests that 3.8% of the variance in the management of emotions is attributed to gender. The gender decreases married psychological distress (Brennan et al., 2021). Parental marital conflict was directly related to children's marital stability, albeit only among married men (Lim & Lee, 2020). Contrarily, the other study negates the findings, which posited that there are no main effects of gender differences in emotional instability variables (Bloch et al., 2014).

*Ho3: There is no significant effect of self-esteem on the management of emotions among married teachers in Kwara State, Nigeria.* The variable "Self-esteem" significantly affects the management of emotions ($p = 0.001$). The Partial Eta Squared ($\eta^2$) indicates that 46.8% of the variance in the management of emotions is explained by self-esteem. The self-esteem fully mediated the relationship of mindfulness with spouses' happiness study is incongruent with (Bajaj et al., 2019). Other research revealed significantly higher scores concerning personality and self-esteem among married individuals (Papadopulos et al., 2023).

*Ho4: There is no significant interaction effect of treatment and gender on the management of emotions among married teachers in Kwara State, Nigeria.* The interaction term "GROUP * Gender" is statistically significant (p = 0.002). This suggests that the interaction between treatment and gender affects the management of emotions, though the effect is relatively more minor (Partial Eta Squared = 0.9%). It negates the theory that no main effects of gender or interaction effect between age and gender emerged in the differences in emotional instability variables (Bloch et al., 2014). Suleiman and Abdulkareem submitted that treatment and gender significantly differ in students' performance.

*Ho5: There is no significant interaction effect of treatment and Self-esteem on the management of emotions among married teachers in Kwara State, Nigeria.* The interaction term "GROUP * Self-esteem" is statistically significant (p = 0.004). This implies that the interaction between treatment and self-esteem influences the management of emotions and has a substantial effect (Partial Eta Squared = 41.7%). The results align with another study, which found that emotional intelligence carries more weight among male students, while self-esteem significantly influences female students (Silva, 2021). Additionally, another research also discovered a noteworthy (p < 0.01) moderate positive relationship between self-esteem, self-efficacy, and all aspects of mindfulness, varying based on gender (Chandna et al., 2022).

Ho6: There is no significant interaction effect of gender and Self-esteem on the management of emotions among married teachers in Kwara State, Nigeria. The interaction term "Gender * Self-esteem" is statistically significant (p = 0.002). This suggests that the interaction between gender and self-esteem impacts the management of emotions, although the effect size is relatively moderate (Partial Eta Squared = 8.8%). The result of the findings corresponds with the study, which revealed that gender and self-esteem had a strong significance in managing marital stability (Hazrati et al., 2017).

*Ho7: There is no significant interaction effect of treatment, gender, and Self-esteem on the management of emotions in married teachers in Kwara State, Nigeria.* The interaction term "GROUP * Gender * Self-esteem" is statistically significant (p = 0.001). This indicates that the combined interaction of treatment, gender, and self-esteem significantly affects the management of emotions, with a moderate effect (Partial Eta Squared = 11.6%). This study is related to the study that discovered that marital satisfaction can be more effective when the gender and self-esteem of a married individual are considered (Papadopulos et al., 2019).

## CONCLUSION

These findings conclude that Imago Relationship Therapy is a potent intervention for reducing spousal emotional instability. Gender and self-esteem also play roles in emotional stability, with the therapy's effects being more pronounced among specific gender and self-esteem subgroups. Understanding these complex relationships can inform more targeted and effective therapeutic interventions. The adjusted R-squared value of 0.919 underscores the robustness of our model in explaining the observed variance. Above all, all the stated hypotheses were found to be significant. This implies that there is a significant difference in both the main effect of the treatment and the two ways and three ways interaction effects were also significant.

Several recommendations emerge based on the results and conclusions drawn from the study. Firstly, Imago Relationship Therapy (IRT) should be integrated into counseling programs. Given its significant main effect on managing emotions among married teachers, incorporating IRT techniques into counseling programs in Kwara State, Nigeria, can enhance emotional stability and marital satisfaction. Secondly, tailored interventions for different gender groups are essential. Since gender has a significant main effect on emotion management, therapists and counselors should develop strategies that address the unique emotional needs and coping mechanisms of men and women to maximize therapeutic outcomes.

Thirdly, promoting self-esteem-building programs is crucial. Considering the significant main effect of self-esteem on emotion management, implementing such programs within educational and community settings can foster a positive self-concept, leading to better emotional regulation and interpersonal relationships. Fourthly, therapists and counselors must incorporate gender and self-esteem considerations into therapy. By tailoring interventions to address specific needs and dynamics based on gender and self-esteem levels, therapists can optimize treatment effectiveness.

Fifthly, training and education for therapists are necessary. Therapists should undergo training programs emphasizing the importance of understanding complex interactions between treatment modalities, gender, and self-esteem in emotional management to provide targeted and effective interventions. Additionally, further research and evaluation are crucial. Continuing research, including longitudinal studies and randomized controlled trials, will deepen understanding of the effectiveness of therapeutic approaches and their impact on emotional stability in marital relationships.

Lastly, community awareness and support are vital. Promoting awareness about emotional management in marital relationships and the availability of supportive services such as counseling and therapy can reduce stigma and encourage help-seeking behavior. Community support groups can provide valuable peer support and resources for couples facing emotional challenges.

By implementing these recommendations, stakeholders can promote emotional stability and marital satisfaction among married teachers and couples in Kwara State, Nigeria.

## AUTHOR'S NOTE

The author asserts that there are no conflicts of interest regarding the publication of this article. The author affirms that the data and content of the article are free from plagiarism.

## APPENDIX

### Self-Esteem Scales (SEC)

Dear respondents, this performance test is designed by a PhD student from Ai-Hikmah University Ilorin, working on the effects of Imago relationship therapy and Cognitive Therapy on spousal emotional stability among married individuals in Kwara State. Kindly supply answers to the following questions as possible as you can. Any information given shall be treated confidentially.

### SECTION A

| | |
|---|---|
| Name of Institution | _____ |
| Institution type | private ( ) public ( ) |
| Gender | male ( ) female ( ) |

### SECTION B

**INSTRUCTION:** Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

**Rosenberg self-esteem scale**

| S/N | STATEMENT | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 | I feel that I am a person of worth, at least on an equal plane with others | 4 | 3 | 2 | 1 |
| 2 | I feel that I have several good qualities. | 4 | 3 | 2 | 1 |
| 3 | All in all, I am inclined to feel that I am a failure. | 4 | 3 | 2 | 1 |
| 4 | I can do things as well as most other people. | 4 | 3 | 2 | 1 |
| 5 | I feel I do not have much to be proud of. | 4 | 3 | 2 | 1 |

| S/N | STATEMENT | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 6 | I take a positive attitude toward myself. | 4 | 3 | 2 | 1 |
| 7 | On the whole, I am satisfied with myself. | 4 | 3 | 2 | 1 |
| 8 | I wish I could have more respect for myself. | 4 | 3 | 2 | 1 |
| 9 | I certainly feel useless at times | 4 | 3 | 2 | 1 |
| 10 | At times I think I am no good at al | 4 | 3 | 2 | 1 |

## Perth Emotional Reactivity Scale (PERS)

Dear respondents, this performance test is designed by a PhD student from Al-Hikmah University Ilorin, working on the effects of Imago relationship therapy and Rational Emotive Behavioural Therapy on spousal's emotional stability among married individuals in Kwara State. Kindly supply answers to the following questions as possible as you can. Any information given shall be treated confidentially.

### SECTION A

Name of Institution _____

Institution type       private ( ) public ( )

Gender       male ( ) female ( )

### SECTION B

**INSTRUCTION:** This questionnaire is designed to measure different aspects of how you typically react to experiencing emotional events. Please score the following statements according to how much they apply or do not apply to you on a typical day. Circle one answer for each question.

**Perth Emotional Reactivity Scale**

| S/N | STATEMENT | Very unlike me | Somewhat unlike me | Neither like or unlike me | Somewhat like me | Very like me |
|---|---|---|---|---|---|---|
| 1 | I tend to get happy very easily. | 1 | 2 | 3 | 4 | 5 |
| 2 | I tend to get upset very easily. | 1 | 2 | 3 | 4 | 5 |
| 3 | When I'm happy, the feeling stays with me for quite a while. | 1 | 2 | 3 | 4 | 5 |
| 4 | When I'm upset, it takes me quite a while to snap out of it. | 1 | 2 | 3 | 4 | 5 |
| 5 | I think I experience happiness more intensely than my friends. | 1 | 2 | 3 | 4 | 5 |
| 6 | If I'm upset, I feel it more intensely than everyone else | 1 | 2 | 3 | 4 | 5 |
| 7 | My emotions go automatically from neutral to positive. | 1 | 2 | 3 | 4 | 5 |
| 8 | I tend to get disappointed very easily. | 1 | 2 | 3 | 4 | 5 |
| 9 | When I'm feeling positive, I can stay like that for a good part of the day. | 1 | 2 | 3 | 4 | 5 |
| 10 | It takes me longer than other people to get over an anger episode. | 1 | 2 | 3 | 4 | 5 |
| 11 | When I am joyful, I tend to feel it very deeply. | 1 | 2 | 3 | 4 | 5 |
| 12 | I experience the feeling of frustration very deeply. | 1 | 2 | 3 | 4 | 5 |
| 13 | I tend to get enthusiastic about things very quickly. | 1 | 2 | 3 | 4 | 5 |
| 14 | I tend to get frustrated very easily. | 1 | 2 | 3 | 4 | 5 |
| 15 | I can remain enthusiastic for quite a while | 1 | 2 | 3 | 4 | 5 |
| 16 | It's hard for me to recover from frustration | 1 | 2 | 3 | 4 | 5 |
| 17 | I experience a positive mood very strongly | 1 | 2 | 3 | 4 | 5 |

| S/N | STATEMENT | Very unlike me | Somewhat unlike me | Neither like or unlike me | Somewhat like me | Very like me |
|---|---|---|---|---|---|---|
| 18 | Normally, when I'm unhappy I feel it very strongly | 1 | 2 | 3 | 4 | 5 |
| 19 | I feel good about positive things in an instant | 1 | 2 | 3 | 4 | 5 |
| 20 | My emotions go from neutral to negative very quickly | 1 | 2 | 3 | 4 | 5 |
| 21 | I stay happy for a while if I receive pleasant news | 1 | 2 | 3 | 4 | 5 |
| 22 | Once in a negative mood, it's hard to snap out of it | 1 | 2 | 3 | 4 | 5 |
| 23 | When I'm enthusiastic about something, I feel it very powerfully | 1 | 2 | 3 | 4 | 5 |
| 24 | When I'm angry I feel it very powerfully | 1 | 2 | 3 | 4 | 5 |
| 25 | I react to good news very quickly | 1 | 2 | 3 | 4 | 5 |
| 26 | I tend to get pessimistic about negative things very quickly | 1 | 2 | 3 | 4 | 5 |
| 27 | If someone pays me a compliment, it improves my mood for a long time | 1 | 2 | 3 | 4 | 5 |
| 28 | When annoyed about something, it ruins my entire day | 1 | 2 | 3 | 4 | 5 |
| 29 | I experience positive feelings more deeply than my relatives and friends | 1 | 2 | 3 | 4 | 5 |
| 30 | My negative feelings feel very intense | 1 | 2 | 3 | 4 | 5 |

## Scoring the PERS

The Perth Emotional Reactivity Scale (Beccera et al., 2017) is a 30-item self-report measure of people's trait levels of emotional reactivity. The PERS assesses the emotional reactivity construct as it is defined that is, it measures the typical *ease of activation*, *intensity*, and *duration* of one's emotional responses, and does so for *positive* (e.g., happiness) and *negative* (e.g., sadness) emotions separately. Two composite scores and six subscale scores can be derived by summing a participant's responses (i.e., the number they select on the 5-point answer scale) for the relevant items. For all composites and subscales, higher scores indicate higher levels of reactivity in that domain; in other words, emotions are more easily/quickly activated, more intense, and longer in their duration. The table below describes those subscales and composite scores and how to calculate them.

### Scoring the PERS

| Sub-scale/composite scores | how to Calculate | Content Measured |
|---|---|---|
| **Sub-scale scores** | | |
| Negative-activation | Sum items 2, 8, 14, 20, and 26. | The ease/speed of activation of one's negative emotions. |
| Negative-intensity | Sum items 6, 12, 18, 24, and 30. | The intensity of one's negative emotions |
| Negative-duration | Sum items 4, 10, 16, 22, and 28. | The duration of one's negative emotions. |
| Positive-activation | Sum items 1, 7, 13, 19, and 25. | The ease/speed of activation of one's positive emotions. |
| Positive-intensity | Sum items 5, 11, 17, 23, and 29. | The intensity of one's positive emotions. |
| Positive-duration | Sum items 3, 9, 15, 21, and 27. | The duration of one's positive emotions. |
| **Composite scores** | | |
| General negative reactivity | Sum all even-numbered items. | The overall level of reactivity (ease of activation, intensity, and duration) of one's negative emotions |
| General positive reactivity | Sum all odd-numbered Items. | The overall level of reactivity (ease of activation, intensity, and duration) of one's positive emotions. |

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