






Marriage and Family Therapists Relationship Commitment During the COVID-19 Pandemic

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ABSTRACT

Objective: Marriage and family therapists (MFTs) play a crucial role in managing the wellbeing of clients, which has become increasingly challenging during the global COVID-19 pandemic. This study aimed to understand the influence of the pandemic on the lives of MFTs.

Methods and Materials: The study piloted MFTs' willingness to discuss COVID-19's impact on personal and professional lives, examining stress, commitment, and conflict associations among 72 participants. Data collection spanned July to September 2021, using emails and incentives. Measures included physical and mental health, stress, conflict, and commitment ratings. Statistical analysis involved correlations and hierarchical regression.

Findings: Hierarchical linear regression analysis revealed that conflict at step one and stress at step two predicted greater relationship commitment among MFTs.

Conclusion: These findings have clinical implications for MFTs, highlighting the importance of addressing conflict and stress management in their personal lives. Tools for relationship management of conflict, along with suggestions for future research, are discussed.

Keywords: marriage and family therapists, COVID-19, commitment, stress, conflict.

1 Introduction

According to Rainie and Madden (2006), 47% of all adult Americans have been married or have been in a committed relationship for over five years. Current research shows that adults in the United States (U.S.) are postponing marriage more frequently, and a record percentage of contemporary teens and young adults are expected to forego marriage entirely (Curtin & Sutton, 2020). From 2017 to 2018, the rate dropped 6%, from 6.9 per 1,000 population to 6.5, the lowest of the 1900–2018 period (Curtin & Sutton, 2020). However, involvement in romantic relationships is a prominent developmental task that is expected to promote individual well-being (Furman & Collibee, 2014). For instance, people in romantic relationships report less externalizing behavior, fewer internalizing symptoms, and more subjective well-being than those who are single (Dush & Amato, 2005; Furman & Collibee, 2014; Simon & Barrett, 2010). The greater well-being of romantic individuals may be attributed to the social support and companionship offered by partners in romantic relationships, as well as having fewer risk-taking opportunities (Ramsey & Gentzler, 2015).

Due to the COVID-19 pandemic, individuals and families were forced to develop new routines under increasingly stressful conditions (Jones et al., 2021). These new routines fostered changes in intimacy, communication, and interdependence within the relationship. These circumstances have the potential to cause damage in romantic relationships, exacerbate existing tensions, and call for the use of coping strategies. Maintaining healthy interpersonal connections, linked to mental and physical health, was one of the most difficult challenges of this unique stressor (Pietromonaco & Overall, 2021). Understanding how the pandemic has affected couples' relationships is especially important given that disruptions in the economic, employment, and mental health domains are all linked with couples' relationship functioning (Karney et al., 2005; Pietromonaco & Overall, 2021). Particularly, looking at the influence of stress upon the relationships of MFTs is important in understanding the stability of their romantic relationships as protective factors, or risk factors for the performance of their clinical work. This study aims to get a better understanding of the influence of the COVID-19 pandemic on the romantic relationships of marriage and family therapists (MFTs). The current literature is examined with an emphasis on relationship conflict, commitment,

physical and mental health, and the increased demand on MFTs.

1.1 *Marriage and Family Therapists in Romantic Relationships*

According to Sori et al. (1996), the lack of time to spend with their spouse or family was regarded as the number one stressor in married counseling trainees' marriages. Additionally, trainees struggled to balance jobs, internships, and course requirements, as well as personal relationships. Often, the emotional and financial cost of the trainee's program responsibilities is borne by the partner. Due to the difficult demands of family and graduate program requirements, MFTs may enter the field feeling fatigue symptoms before they even enter the job market (Negash & Sahin, 2011).

MFTs are tasked with managing the wellbeing of individual clients, couples, and families. Throughout this period there has been an increase in the cases of mental health related difficulties across the U.S. including experiences of depression, anxiety, domestic violence, and suicidality (American Psychological Association, 2020). Though experiencing the realities of the pandemic within their own lives, MFTs have continually been available to clients in need. It is unclear at this time how the global pandemic including instances of social distancing, quarantining, and extended periods of isolation have influenced the lives, relationships, and clinical practice of MFTs.

1.2 *Physical and Mental Health*

The COVID-19 pandemic forced MFTs to reconsider both personal and career practices related to the preservation of health and wellbeing. Though many state boards allowed practicing MFTs to begin seeing clients via telehealth, many remained unprepared for the swift learning curve this process would entail. This includes managing the novel barriers of providing mental health services, including changes in case load, appointment frequency, and quality of care concerns (Slone et al., 2021). Professional concerns about working from home appeared frequently while considering the needs of both clients and therapists. While many professionals were tasked with balancing work and home life responsibilities, MFTs also shouldered the concerns of clients as they processed through both the physical and mental health tolls of the global shut down. The COVID-19 pandemic has resulted in unexpected and

unfamiliar life stressors leading to mental and physical health issues.

1.3 Commitment and Conflict

It is well recognized that strong romantic relationships require work (Novak et al., 2018). One way to characterize this work is relationship self-regulation (RSR). Studies have already demonstrated that having a higher RSR has a positive effect on one's relationship (Halford et al., 2007; Shafer et al., 2014; Wilson et al., 2005). RSR refers to the effort that individuals put into their relationships in order to maintain them over time (Novak et al., 2018). Further, the intention to maintain a connection over time is defined as commitment (Landis et al., 2014; Stanley et al., 2010).

Commitment means viewing one's relationship as a long-term investment, motivating partners to maintain and improve their relationships (Novak et al., 2018). Thus, commitment may be linked to one's perception of their partner's relationship effort. Individuals who are deeply committed romantic partners have a stronger sense of "wellness" and actively pursue the goal of a long-term connection (Landis et al., 2014). Though problems may arise over the span of romantic relationships, researchers have found commitment to be a predictor of relationship stability (Kurdek, 2007), and intimate relationship stability a predictor of well-being across the lifespan (Chiriboga, 2002).

Conflict is inevitable in couple relationships and can be understood as the presence of disagreement, difference, or incompatibility between partners (Feeney & Karantzas, 2017). The way couples deal with their disagreements has an association on not only the marital dynamic, but also the entire family system (Feeney & Karantzas, 2017). When the functions of conflict and commitment are impacted by the experience of the COVID-19 pandemic, it is unclear the extent to which these factors may shift the general course of a relationship. We must additionally consider the impact of the pandemic as experienced directly by the therapist, and vicariously via their working with client experience the same phenomena.

1.4 Stress

As MFTs attempted to deal with the rapid changes impacting their physical and mental health, many were still unable to predict the fluctuation in stress created by the pandemic. While researchers found that participants with higher levels of COVID stress syndrome were more likely to

concurrently be experiencing symptoms of depression and anxiety (Taylor et al., 2020) it is important to consider the varying presentations and manners in which stress has become present during the pandemic.

Role overload is a common experience of MFTs managing the stress of juggling work, children, clients, and relationships. This wide array of roles and management tasks coupled with unpredictable life stressors presented by the pandemic have the ability to produce discontent within romantic partnerships, and family life. With MFTs taking on new level of stress, it is feasible that these high levels of stress can affect relationship satisfaction. Couples with one or both individuals experiencing lower levels of relationship satisfaction can be at risk for having lower level of commitment to the relationship. Understanding the impact of elevated stress levels on the lives of MFTs is paramount, particularly in light of its potential to strain relationships and create interpersonal discord among MFTs.

1.5 Current Study

This study was designed as a pilot study to preliminary explore the willingness of MFTs to speak about the influence of the COVID-19 pandemic on their personal and professional lives. Secondly, this was created to explore the use of measures needed to effectively gauge the associations of stress, commitment, and conflict with MFTs throughout the pandemic. The overarching goal is to identify the effects of the COVID-19 pandemic on the lives of MFTs, specifically their romantic relationships. This paper examines the effects of COVID related stress on relationship commitment. Our research question asked, "What is the impact of COVID-19 stress on relationship commitment among MFTs?" Based on the aforementioned literature, first we hypothesized that COVID stress would decrease relationship commitment. Second, we hypothesized, higher levels of COVID-19 related stress would be associated with lower levels of relationship commitment controlling for sociodemographic information as well as mental and physical health.

2 Methods and Materials

2.1 Participants and Procedures

Our study was approved by the BLINDED University Institutional Review Board. Data were collected between July 2021 and September 2021. Researchers sent out emails by using various listservs containing marriage and family

therapist educators, supervisors, professional networks, and state-based interest networks. Participants included identified as being over the legal age of 18, trained in marriage and family therapy, and noted clinically practicing between March 2020 and their time of participation were surveyed. An incentive was given in the form of a gift card raffle to ten anonymous participants in the amount of \$20. The current study used n=72 participants who completed each of the study variables and identified as being in a committed relationship throughout the duration of the COVID-19 pandemic. The participants were predominantly White (77.8%) and female (81.9%). Regarding income, 25% reported income below \$25,000, 19.4% reported income

between \$26,000-\$50,000, 22.3% reported income between \$51,000-\$75,000, and 33.3% reported an individual income above \$75,000. This variation in income can be expected as a variety of professionals in different training and career stages of practice were surveyed: from current trainees to training program directors. The average of time working as a marriage and family therapist was approximately 4 years, with a ranging of 1 to 22 years in active clinical practice. Regarding age, 52.8% of participants were between the ages of 21-25, 34.7% were between the ages of 36-50, and 12.5% were over the age of 51. Descriptive statistics and correlations are displayed in Table 1. (INSERT TABLE 1 HERE).

Table 1
Means, Standard Deviations, and Correlations Among Study Variables

	1.	2.	3.	4.	5.	6.	7.	8.	M (SD)
1. COVID Stress	-								3.09 (.95)
2. Commitment	.26*								5.95 (2.23)
3. Arguments	-.03	.44***							2.95 (1.68)
4. Race	.05	.12	.03						.22 (.41)
5. Age	.02	-.25*	-.15	.50***					.63 (.48)
6. Gender	.13	-.03	-.08	.25*	-.14				1.81 (.38)
7. Income	=.E2-.02	-.13	-.20	-.09	.45***	-.24*			2.63 (1.19)
8. Mental Health	.40***	.25*	.24*	.30*	-.25*	.13	-.27*		2.71 (1.07)
9. Physical Health	.51***	.18	.22	.18	-.29*	.24*	-.37***	.76***	3.32 (1.09)

Note. * p < .05, ***p < .001

2.2 Measures

The original pilot study survey contained an extensive collection of items pertaining to demographic characteristics, health assessment, relationship assessment, and perception of clinical training. The current study examined only a small number of these items, described below. Participants identified their age, gender, income, and current or highest level of education and training as systemic therapists.

Physical health. Participants completed a two-item measure, “How would you rate your overall physical health before social distancing restrictions?”, and “How would you rate your overall physical health during social distancing restrictions?” using a 5-point scale (1= Poor, 5= Excellent). The latter data point was used as the final score.

Mental/emotional health. Participants completed a two-item measure, “How would you rate your overall mental/emotional health before social distancing restrictions?”, and “How would you rate your overall mental/emotional health during social distancing

restrictions?” using a 5-point scale (1= Poor, 5= Excellent). The latter data point was used as the final score.

Stress. Participants completed a one item measure exploring their personal stress response to the COVID-19 restrictions, “How stressful have restrictions been for you?” using a 4-point scale (1= Not at all 4= Extremely).

Conflict. Participants were asked to rate their experiences of relationship conflict over the past three months summarizing their frequencies of arguments. Participants were asked to consider the current level of conflict to their romantic partner using a 7-point scale (1= Not at all, 7= Extremely). Conflict was operationalized as the frequency of arguments within the relationship over the past three months.

Commitment. Finally, participants were asked to rate their level of relationship commitment to their romantic partner at the time of the survey using a 7-point scale (1= Not at all, 7= Extremely). Commitment was operationalized to include respondents’ personal feelings of mutual caring for their romantic partner.

These measures were chosen at the time of the study to explore marriage and family therapists’ willingness to

engage in research regarding their personal experiences as it related to COVID-19, while still experiencing many of the restrictions of the pandemic.

2.3 Statistical Analysis

The current study used a two-step process to examine the effects of COVID-19 related stress to relationship commitment. First, bivariate results including correlations, means, and standard deviations were examined. Following the bivariate results, hierarchical linear regression was used. In the first step of the linear regression, we included the covariates and in the second step we included COVID-19 related stress. Using multiple blocks allows a statistical test to determine whether the variables in the second block accounts for a significant amount of variance in the outcome variable above and beyond the variables entered into the first block.

3 Findings

After descriptive statistics and correlations were analyzed, we examined the effects of COVID-19 related stress on relationship commitment using a hierarchical regression. In the first step of the regression equation only conflict was a significant predictor of relationship commitment such as more frequent conflict during the COVID-19 pandemic was associated with greater commitment ($\beta = .41, p < .001$). The other covariates were non-significant in predicting variance in relationship commitment including income ($\beta = .03, p = .80$), mental health ($\beta = -.14, p = .48$), physical health ($\beta = .11, p = .60$), race ($\beta = .02, p = .87$), gender ($\beta = .03, p = .85$), and age ($\beta = -.15, p = .25$). The first step accounted for 23.1% of the variance in relationship commitment. In the second step, COVID19 related stress was linked to greater relationship commitment ($\beta = .28, p = .04$) such that individuals who reported greater COVID related distress predicted greater relationship commitment beyond what was accounted for by the covariates. Step 2 accounted for an additional 5.4% of the variance in relationship commitment.

Table 2

Hierarchical Regression Predicting Relationship Commitment

	b (se)	B	Sig
Step 1			
Intercept	3.28 (1.74)		.06
Income	.06 (.23)	.03	.80
Emotional Health	-.26 (.36)	1.14	.48
Physical Health	.20 (.34)	.11	.55
Race	.10(.57)	.02	.87
Gender	.13 (.66)	.02	.85
Age	-.41 (.36)	-.15	.25
Conflict	.51 (.14)	.41	<.001
	R2 = .231, p = .02		
Step 2			
COVID Stress	.61 (.29)	.27	.04
	R2 = .05, p = .04		

4 Discussion and Conclusion

This pilot study explored the effects of the COVID-19 pandemic on the romantic experience of clinically practicing MFTs. Controlling for race, income, gender, mental health, physical health, and relationship conflict, we found that COVID-19 stress was associated with relationship commitment such that greater COVID-19 related stress was associated with greater relationship commitment. Our findings did not align with our original hypotheses as these

findings may be representative of higher developmental levels of stress management skills and utilization by practicing MFTs on a regular basis. This may show some association to the concepts outlined in relational regulation theory (RRT), indicating higher levels of regulation between MFTs and their partners during the COVID-19 pandemic. Additionally, there is some literature that substantiates the beneficial effect of moderate levels of relationship stress, in correlation to increase strength of positive feeling towards their romantic partner (Donato et al., 2018). Stress is a

common emotion that must be addressed by practicing clinicians, and they are commonly experienced in treatment with couples and family. Repetitive engagement of stress management skills may influence the perspective, and practices of MFTs when engaging with their own stress. These practices essentially led participants to draw closer to their partners during the unregulated stress experienced throughout the pandemic. In uncharted circumstances it may be increasingly soothing for those in relationships to find comfort in the familiarity, and stability of their partner. As more than half of the sample is made up of younger adults (21-25) this may skew the way in which this large portion of the sample view and engage within their relationships as it relates to commitment and conflict. Young adults may find themselves drawn to the stability of their relationship commitment, during a time where unpredictability may rule in other areas of their lives.

Our research findings also indicated that higher levels of conflict were associated with greater commitment by MFTs within their relationship. Again, our results did not coincide with our original hypothesis. One reason this might be is that these findings are unique in recognizing that participants who are trained to work effectively with dyadic conflict may experience additional benefits when they engage in relational conflict. Though more instances of managing conflict are happening for participating therapists, the perspective that is held about these instances may be associated with the outcome of relational conflict. If partners see themselves as fighting for their relationship and coming together to manage the distress of COVID-19 related changes, this can translate to an overall deepening of their commitment to the relationship. Though this notion may explain participants' deep commitment to their relationship, it does not mean that the process by which they experience their relationship is one of ease. MFTs may have to look to greater lengths to find ways to effectively cope with the numerous stressors unique to their experience during the pandemic, and the associations they may have to their personal relationships.

As a pilot study, we have shown that marriage and family therapists are willing to engage in studies that explore the impact of the COVID-19 pandemic on their lives including areas of clinical practice, personal romantic relationships, and training and supervision. The research team plans to revise this study using more extensive measures of commitment, stress, and conflict to explore any additional statistical associations for this demographic.

4.1 Clinical implications

As previously mentioned, lack of available time to spend with spouses and family was regarded as the number one complaint and stressor in married trainees' marriages (Sori et al., 1996). Throughout the pandemic it has become easy for time functionality to be skewed when attempting to create a balance between family, work, and self-care engagement. However, as work life from many MFTs have been moved into the home setting, it may become easier to strike an appropriate balance with all daily life functions taking place in the same location (Galanti et al., 2021). Setting time sensitive boundaries around work may allow MFTs more time to be spent with spouses and family, potentially increasing relational functioning outcomes, such as commitment. Further, recent articles have provided tips and strategies to keep couples connected during the pandemic, suggesting activities such as value cards, language altering, sensate focus, and five magic hours (Tadros et al., 2022). These strategies are items that can be used in a post-pandemic era to promote relationship connection and satisfaction.

Compassion fatigue can lead to hazardous effects for therapists, and their clients as professionals find themselves losing capacity for compassion due to the exhaustion of engaging with large quantities of clients who are suffering (Alharbi et al., 2019). There are a number of measures suggested that may be used to prevent or reduce compassion fatigue in the professional realm, including reducing caseloads, cultivating formal supervisory relationships and informal mentor relationships, maintaining consistent levels of supervision, taking regular vacations, and participating in educational retreats (Negash & Sahin, 2011). Likewise, Lluch et al. (2022) found that "implementing specific programming geared at managing compassion fatigue and burnout for healthcare workers during the pandemic, resulted in lower levels of burnout for healthcare professionals" (p.33-34) (Lluch et al., 2022). Along with these measures, other novel activities have been suggested for reducing presenting stress for MFTs, such as maintaining healthy and open communication with friends and family. Spending lighthearted time with friends allows therapists to escape from their professional responsibilities. Practicing self-care has also been said to be imperative to striking an effective balance in the life of mental health providers. Self-care activities are unique to each person and can range from having a restful night at home, a healthy meal, exercises, or engaging in spiritual practices (Rokach & Boulazreg, 2022).

Despite the various views self-care can take for individual therapists, it helps therapists to “avoid stress, increase relaxation, and be a part of a world that does not mirror that of a therapeutic setting” (Negash & Sahin, 2011).

Seeking professional therapy, as a therapist, for problems related to work and family difficulties has also been found to reduce symptoms of compassion fatigue (Negash & Sahin, 2011). Inevitably, therapists will process their own personal experiences through their clinical practice. Throughout this pandemic it has become essential for MFTs to demonstrate self-awareness when life adjustments become necessary to reduce stress levels. Maintaining a balance between work and personal life is an important factor in preventing events such as compassion fatigue. Seeing a therapist to appropriately work through these experiences as they arise, could be beneficial to their emotional health. In a previous study, it was found that 68.9% of AAMFT Clinician Members who had participated in personal therapy reported their experience as very successful, with 95% of the respondents reporting at least some success in therapy (Negash & Sahin, 2011). This is an important factor to keep in mind throughout the pandemic. Amid the changing times it is important to explore how MFT’s use of therapy and counseling for work, relationship, and individual needs affects their overall level of success in the aforementioned areas.

The current literature has explored concepts that account for the variation in coping skills used by couples during the pandemic. It is implied that as MFTs deal with compounding instances of their experience of their romantic relationships may change under the specific circumstance. If the tenants of RRT hold true, MFTs may have the ability to further regulate themselves within their relationship by holding a “sacred space” where they are able to think, behave, and create feelings of regulation with the partner outside of their experience of pandemic related stresses. Fraenkel and Cho (2020) propose a process of “reaching up, down, in, and around” to integrate biopsychosociospiritual coping skills for couples (Fraenkel & Cho, 2020). Using an array of skills to deal with stressors during the pandemic could have led to higher levels of coping by MFTs within their romantic relationships. The vulnerability–stress–adaptation model (VSA) is another framework that has been adapted by researchers during the COVID-19 pandemic to make sense of how couples deal with the current unique stressors (Fleming & Franzese, 2021; Karney & Bradbury, 1995; Pietromonaco & Overall, 2021). As the model accounts for the association individual and systemic variables have on

how couples relate to one another, and their overall relationship outcomes, this model may be more concise in accounting for the experiences of MFTs.

4.1.1 *Impact of Increased Demand for Clinical Services*

Many MFTs found themselves managing a higher demand from prospective clients during the pandemic. The number of clinical professionals who reported receiving referrals doubled from 37% in 2020 to 62% in 2021 (Bethune, 2021). Research shows that 30% of Americans sought out mental health services during the global pandemic (Price, 2021). Though mental health providers are trained to periodically experience influxes in clientele, the shared experience of the global pandemic left clinicians vulnerable to being overworked, and in need of personal support. Additionally, clinicians found themselves facing challenges to effectively work with clients given social distancing protocol. Though research has identified deficiencies in COAMFTE programs' attention to preparing trainees in telehealth practices (Pickens et al., 2020), many MFTs found themselves working exclusively via telehealth platforms for a large duration of the pandemic. These challenges to clinical practice likely have created higher levels of stress, and possibly have affected MFTs personal romantic relationships.

4.1.2 *Relational Regulation Theory (RRT)*

As MFTs worked to preserve their romantic relationship amidst unforeseen levels of stress produced by the COVID-19 pandemic, there remained a chance that their relationships would serve as protective spaces for them. Lakey and Orehek (2011) introduced the concept of relational regulation theory (RRT). This theory states that when faced with stress, individual may see significant effects in stress management by regulating their thought, feelings, and behaviors through shared activities and conversation (Lakey & Orehek, 2011). This notion notes that these dyadic engagements taking place in a regulatory manner may have more calming and soothing effects, as opposed to centering the units activates and conversations around the stress factors at hand. This concept is one that could greatly affect the relationships of MFTs throughout the COVID-19 pandemic, as people had to rely on small circles of people for social support, and physical interaction. With this increase in focused engagement with a partner, there is ample ability to explore the regulation of stress within the relationship.

4.2 Limitations

Our study had a plethora of strengths, such as examining a group less commonly studied- MFTs- during a specific period of time, COVID-19. However, our study has some coinciding limitations we would like to be transparent about. First, although it is a strength to get solely the MFTs' perspectives, we are missing the experiences of social workers, counselors, psychologists, psychiatrists, etc. Regarding our sample size, it was relatively small for a study of this nature. This may be due to our inclusion criteria or perhaps the number of identifiable practicing MFTs, which tends to be lower in number than counselors or psychologists. Data was not collected outlining the current workload of participants, noting how many clinical and administrative hours they worked a week between March 2020 and participating in this study. Additionally, this may be due to the availability of MFTs during a time they are being severely overworked due to the need for mental health professionals in an international crisis. Further, the majority of participants were White (77.8%) and female (81.9%). Therefore, we are missing various experiences of both other genders and races/ ethnicities that may have likely been historically unheard and underserved and yet are vital voices (Tadros & Owens, 2021; Tadros et al., 2023).

Another limitation is in reference to independence of the data as it cannot be an assumption made. Individuals reported being in a romantic relationship, however, there is no way to figure out if that person's partner participated as well (Cappetto & Tadros, 2021). Therefore, there may be some overlap we do not have control over. Although chances are low that both people are MFTs and both took the survey, we want to make this clear. In reference to the measures, our measure for COVID-19 related stress was based solely on one question. Therefore, the ideal of stress measured by this construct may not be generalizable to a larger population. Excluding the viewpoints of the romantic partners of the participants created shortcomings in understanding the mechanisms by which partners created a relationship environment worthy of high levels of devotion. Having further insight into these processes could help us to account for the use of dyadic coping skills as a resource for couples (Genç et al., 2023). Additionally, another limitation includes the measure of conflict solely being assessed through the frequency of arguments. This measure does not give us full insight into how MFTs engaged in these arguments. If healthy conflict management tools were used to address

arguments such as fair fighting rules, the level of stress created by the argument may be minimal.

4.3 Future Directions

The information gathered by this pilot study opens a pathway for a continuation of this study, using additional measurements to test any associated features of commitment, stress, and conflict. Inquiries into the processes of romantic relationships have not historically been explored among MFTs as a demographic. Additionally, specific poignant experiences of stress, akin to that experienced during the COVID-19 pandemic has not been explored for MFTs as a profession. Furthermore, the exploration of stress experienced by practicing MFTs during the COVID-19 pandemic, in conjunction with the maintenance of their personal romantic relationships is a new frontier in research.

Further research endeavors should examine the specific experiences of MFT's management of personal relationships while under specifically stressful periods of time. It is important to consider the associations of compounded stress and how it may influence the personal relationships of MFTs. Clinical research and discussions must be conducted in respectful and honest manners that allow MFT's to fully speak to their reality with stress and how it influences various areas of their lives. As MFTs remain diligent of systemic contexts that influence the experiences of clients, researchers must also consider their vigilance in exploring the experiences of our mental healthcare providers.

Further, future studies should include gathering dyadic data to examine the differences between partners' behaviors surrounding commitment and conflict, along with other potential predictors that may directly associate with the couple's relationship. Research that focuses on the relationship quality of MFTs are important to developing further understanding of needed interventions. Understanding parameters around how and when MFTs decide to seek assistance for their relationship can provide us with more information about relationship satisfaction, and outcomes. Additionally, future research should include LGBTQIA+ populations, along with participants identifying as male. This information may offer further insight into any associations diverse sexual preferences have on relationship commitment and conflict. As systemic therapists it is imperative to consider the influence of our unique stressors during this pandemic. MFTs must consider the influences of this time period on their daily lives, while appropriately

finding ways to take care of ourselves. The ability of MFTs to effectively shift in navigating the demands of the pandemic will influence the level of focus held on crafting sustainable and healthy romantic relationships.

Authors' Contributions

All authors equally contributed to this article.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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