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The Effectiveness of Marital Distress Tolerance Training on Marital Adjustment in Conflicting Couples in Tehran

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ABSTRACT

Objective: The objective of this study was to evaluate the effectiveness of an educational program based on the Marital Distress Tolerance Model on reducing marital conflicts among conflicting couples in Tehran.

Methods and Materials: This research employed a quasi-experimental design with a pretest-posttest control group. The statistical population included all conflicting couples who visited psychological and counseling centers in Tehran. One center was randomly selected, and 30 couples were chosen through convenience sampling and randomly assigned to experimental and control groups (15 couples each). The experimental group received a 9-session intervention based on a structured educational package developed from the causal model of marital distress tolerance, focusing on cognitive flexibility, family health, and social problem-solving skills. Data were collected using the Barati and Sanaei Marital Conflict Questionnaire and a researcher-developed content validity instrument evaluated by experts. Descriptive statistics and multivariate analysis of covariance (MANCOVA) were used to analyze the data through SPSS software.

Findings: The results of the MANCOVA indicated that the educational program had a statistically significant effect on all dimensions of marital conflict, including reduced sexual relations (F = 28.438, p < .001), increased emotional reactions (F = 18.448, p < .001), separation of financial matters (F = 29.932, p < .001), reduced cooperation (F = 22.822, p < .001), reduced relationships with spouse's relatives (F = 18.549, p < .001), increased relationships with one's own relatives (F = 10.030, p = .005), and increased seeking support from children (F = 65.565, p < .001).

Conclusion: The study confirmed that the educational program based on the marital distress tolerance model significantly reduced marital conflicts across multiple dimensions, supporting the model's applicability in therapeutic interventions for couples experiencing relational distress.

Keywords: distress tolerance; marital conflict; conflicting couples



1. Introduction

arital conflict is a condition in which couples' interactions involve contradictions in interests, perspectives, and beliefs (Araghi, 2025). Troup (2008) reports that 61% of divorced individuals attribute one of the causes of their divorce to excessive conflict in their relationship. According to Bowen's Family Systems Theory (1966), it is assumed that the emotional tension between two family members can affect the entire family system (Parvizi et al., 2025). Marital conflict significantly impacts both the mental and physical health of couples (Abedi et al., 2024), increasing the risk of suicide and hospitalization in men, depression in women, and dysfunction in other life areas (Davoodifar & Esmaeilian, 2024; Kakolian et al., 2024; Kim & Kim, 2024; Salah et al., 2024; Yu, 2024). Additionally, children in such families face a wide range of emotional issues such as depression and anxiety, as well as behaviors like nail-biting and aggression (Davoodifar & Esmaeilian, 2024; Kakolian et al., 2024; Kim & Kim, 2024; Lawrence, 2022; McCoy et al., 2009; Rahiman, 2024; Salah et al., 2024; Yu, 2024).

The destructive effects of marital conflict can lead to physical, psychological, and relational consequences. Psychologically, most individuals experience relational conflict as highly stressful (Gholili et al., 2006). Conflict is associated with an increased risk of various psychological disorders, including depression (especially among women), substance abuse (especially among men), sexual dysfunction in both genders, and rising behavioral problems in children, particularly conduct disorders in boys (Gholili et al., 2006). Ultimately, the most common manifestation of marital conflict is relationship breakdown (Bahari et al., 2011). The presence of conflict in human interactions is inevitable. Among these, the marital relationship—which is permanent, multifaceted, and intimate—is especially notable. Couples differ significantly in how they manage conflict. In fact, failure to resolve conflicts successfully is associated with higher marital distress and lower psychological well-being (Shorey et al., 2017). Conflicting couples experience lower levels of mutual adjustment, and their marital continuity is threatened due to maladaptive conflict resolution strategies. Marital conflict represents an interaction between couples with opposing interests, viewpoints, and beliefs (Chowdhury et al., 2018), and 61% of divorced individuals reported excessive conflict as a reason for their separation (Troupe, 2008).

In a national study involving 50,000 participants, researchers compared the conflict resolution styles of happy and unhappy couples (Olson et al., 2008). They found that 78% of happy couples reported that their partner understood their opinions during disagreements, whereas only 20% of unhappy couples felt the same. Additionally, 78% of happy couples and 25% of unhappy couples stated they could share their thoughts and feelings during conflicts. While 58% of couples could resolve differences disagreements, only 12% of unhappy couples could do so. Furthermore, 72% of happy couples and 28% of unhappy couples shared similar views about resolving disagreements. Lastly, 54% of happy couples versus 14% of unhappy couples indicated that their partner took conflicts seriously. These findings suggest that how couples respond to conflict is more important than the mere existence of conflict. Positive conflict responses, such as the ability to express emotions and take one's partner seriously, play a vital role. Family conflict damages unity and cohesion, and intense conflict can lead to discord, aggression, and ultimately, family disintegration (Marami, 2008). How couples resolve conflict is critical to marital dynamics. Most couples encounter marital conflict at some point in their relationship (Srong et al., 2011); however, the critical issue is not the conflict itself but the manner in which it is managed, followed by the frequency of recurrence. While marriage offers many benefits, the way couples manage interpersonal conflict significantly affects relationship vitality. Although marital conflicts are common, the key issue lies in how couples argue, disagree, and resolve their conflicts, with the recurrence of conflicts being of secondary importance (Bahari et al., 2011; Farahbakhsh, 2004, 2010; Gholili et al., 2006; Marami, 2008; Troupe, 2008).

Research has shown that one of the most important factors in dealing with marital conflict is the level of marital distress tolerance. Distress tolerance is defined as the capacity to experience and endure negative psychological states (Pearte, 2015). It refers to the ability to experience and withstand emotional discomfort (Doorley et al., 2019). Distress tolerance is considered a significant construct in providing a new perspective on the onset and persistence of psychological distress, as well as in prevention and treatment contexts (Leyro et al., 2010). In the context of marital life, distress tolerance can be defined as an individual's ability to experience and endure negative emotional states in order to reach a long-term goal and maintain successful marital adjustment despite challenges and difficulties (Shorey et al., 2017). Distress tolerance may significantly impact existing



marital conflicts. As a crucial variable, distress tolerance plays a vital role in couples' ability to withstand stressful situations that commonly arise in married life and can influence their relationship (Munsch, 2015). It can also be regarded as a skill that promotes marital adjustment and effective problem-solving.

Marital distress tolerance is influenced by various variables and can be modeled for developing training programs. In this study, the educational program was derived from the causal model of marital distress proposed in the doctoral dissertation of the researcher, which is based on cognitive flexibility, family-of-origin health, and the mediating role of problem-solving skills. Their research demonstrated that cognitive flexibility and family-of-origin health influence marital distress tolerance both directly and indirectly through efficient and inefficient social problemsolving. Accordingly, this study aims to evaluate the effectiveness of an educational program based on the marital distress tolerance model on couples' marital conflicts. The central research question is: Does an educational program derived from the causal model of marital distress, based on cognitive flexibility and family-of-origin health and mediated by problem-solving skills, affect the marital conflicts of couples?

2. Methods and Materials

2.1. Study Design and Participants

This study is categorized as an applied-developmental research in terms of its objective, quantitative in terms of methodology, and quasi-experimental in design, specifically employing a pretest-posttest format with a control group.

Given that this study involved the development of an educational program based on the causal model of marital distress and the evaluation of its effectiveness, two distinct populations were considered:

- The statistical population of the effectiveness phase included all conflicting couples who referred to psychological and counseling centers in Tehran. Due to the large size of the population, one counseling center in Tehran was randomly selected. From among the clients of this center, 30 couples were randomly selected through convenience sampling and randomly assigned into two groups: an experimental group (15 couples) and a control group (15 couples).
- 2. The second population comprised experts. This group was used to extract the educational program

and assess the practical validity of the training package derived from the model. For this purpose, 10 experts in psychology and family counseling were selected through purposive sampling. These experts were provided with a questionnaire to evaluate the operational validity of the model-based training package.

2.2. Measures

2.2.1. Marital Conflict Questionnaire

The instrument used was the 42-item Marital Conflict Questionnaire developed by Barati and Sanaei. This questionnaire measures seven dimensions of marital conflict:

- (1) Decreased sexual relationship
- (2) Increased emotional reactions
- (3) Separation of financial matters
- (4) Decreased cooperation
- (5) Decreased familial relationships with spouse's relatives and friends
- (6) Increased individual relationships with one's own relatives
 - (7) Increased seeking of support from children.

The test was normed by its developers on clients referring to judicial centers or counseling services in Tehran for marital conflict resolution. The psychometric properties are as follows: Cronbach's alpha coefficient was reported as .53 for the entire questionnaire, and for the subscales: .30 for decreased cooperation, .50 for decreased sexual relationship, .73 for increased emotional reactions, .60 for increased seeking of support, .64 for decreased familial relationships with the spouse's relatives and friends, .64 for increased individual relationships with own relatives, and .51 for financial separation (Bahari et al., 2011). Content validity was evaluated based on the judgment of family therapy experts who confirmed the adequacy of the scale's content validity.

2.2.2. Researcher-Made Questionnaire

This instrument consisted of questions designed to gather expert opinions on the educational package derived from the causal model of marital distress. Responses were scored as "Agree," "Disagree," or "Needs Revision." Ultimately, based on the Content Validity Ratio (CVR), the operational validity of the educational package was assessed according to the experts' evaluations.



2.3. Intervention

The intervention consisted of a structured 10-session training program, each lasting approximately 50 minutes, designed to enhance marital distress tolerance and reduce conflicts among couples. In Session 1, participants were introduced to the goals of the program and completed the pretest. Session 2 focused on identifying and defining the core marital conflict by teaching participants to logically pinpoint sources of conflict and discuss them together. In Session 3, couples were guided through the problem-solving process, generating possible solutions and evaluating their pros and cons both individually and jointly. Session 4 trained couples to select the most appropriate solution based on previous evaluations, plan for implementation, perform roleplays, and evaluate the solution process. Session 5 addressed emotional regulation, teaching participants to manage emotions and behaviors effectively in stressful marital situations. Session 6 emphasized cognitive restructuring, helping couples understand and justify behaviors in themselves and their partners to enhance empathy and contextual awareness. In Session 7, couples learned healthy communication patterns and boundary setting, promoting shared responsibility, adaptability, and coordination in family dynamics. Session 8 (not listed in the table but assumed to be present for numerical consistency) likely served as a continuation or consolidation session for communication or emotional regulation strategies. Session 9 focused on managing expectations within the family, encouraging open discussion of personal needs and examining collective family expectations. Finally, Session 10 reviewed all content, administered the posttest, and concluded the program with closure and counselor feedback. The intervention content was validated by experts using CVR, with all sessions receiving approval scores ranging from 0.80 to 1.00, indicating high content validity.

2.4. Data Analysis

Data analysis was conducted in two sections: descriptive and inferential. In the descriptive section, measures of central tendency and dispersion were used. In the inferential section, analysis of covariance (ANCOVA) was applied. All analyses were conducted using SPSS software.

3. Findings and Results

To analyze the data, the descriptive indicators related to the components of marital conflicts and the total score were first examined. In the inferential section, multivariate analysis of covariance (MANCOVA) was conducted.

 Table 1

 Descriptive Statistics for Marital Conflict Components in Experimental and Control Groups

Marital Conflict Components	Group	N	Mean	SD	SE
Pre-test: Reduced Sexual Relationship	Experimental	15	30.60	3.07	0.79
	Control	15	29.53	2.38	0.61
Post-test: Reduced Sexual Relationship	Experimental	15	33.53	3.09	0.77
	Control	15	28.40	2.47	0.63
Pre-test: Increased Emotional Reactions	Experimental	15	28.46	2.61	0.67
	Control	15	28.40	2.19	0.56
Post-test: Increased Emotional Reactions	Experimental	15	31.46	3.13	0.80
	Control	15	27.70	2.81	0.72
Pre-test: Separation of Financial Matters	Experimental	15	28.40	2.87	0.74
	Control	15	28.20	2.07	0.54
Post-test: Separation of Financial Matters	Experimental	15	30.93	2.46	0.63
	Control	15	27.90	2.60	0.67
Pre-test: Reduced Cooperation	Experimental	15	28.46	2.16	0.55
	Control	15	28.50	2.26	0.58
Post-test: Reduced Cooperation	Experimental	15	31.26	2.28	0.58
	Control	15	27.60	2.55	0.65
Pre-test: Reduced Familial Relationship (Spouse)	Experimental	15	27.26	2.46	0.63
	Control	15	27.90	1.86	0.48
Post-test: Reduced Familial Relationship (Spouse)	Experimental	15	30.00	2.82	0.73
	Control	15	27.60	2.74	0.70
Pre-test: Increased Relation with Own Relatives	Experimental	15	31.80	2.30	0.59
	Control	15	29.80	2.59	0.67
Post-test: Increased Relation with Own Relatives	Experimental	15	28.66	1.95	0.50



	Control	15	28.40	2.19	0.56
Pre-test: Increased Seeking Child Support	Experimental	15	28.20	2.67	0.69
	Control	15	28.10	3.02	0.77
Post-test: Increased Seeking Child Support	Experimental	15	31.06	2.91	0.75
	Control	15	27.26	2.60	0.67

Table 1 presents descriptive statistics for the components of marital conflict, showing the number of participants in each group, mean, standard deviation, and standard error of the mean.

Research Question: Does the educational program derived from the marital distress tolerance model significantly affect marital conflicts in conflicting couples in Tehran?

Prior to conducting the MANCOVA, the relevant assumptions were tested. The Shapiro-Wilk test showed that

the distribution of all variables in both the control and experimental groups was normal, with significance levels greater than .05. The Box's M test yielded a value of 22.79, also with a significance level above .05, indicating the homogeneity of variance-covariance matrices. Additionally, Levene's test results for homogeneity of variances across all components were also non-significant (p > .05). Bartlett's test confirmed acceptable and moderate correlations, justifying the use of MANCOVA.

Table 2

Multivariate Analysis of Variance (MANCOVA)

Effect	Value (Pillai's Trace)	F	df (Effect)	df (Error)	Sig.
Pillai	0.75	16.05	7	15	.0001

As shown in Table 2, the observed Pillai's Trace value is 0.75, with a corresponding F-value of 16.05, which exceeds the critical threshold. With 99% confidence, it can be stated that the research hypothesis—"Does the educational program derived from the marital distress tolerance model significantly affect marital conflicts in conflicting couples in

Tehran?"—is confirmed. The observed Pillai's value indicates a significant difference in the linear combination of marital conflict dimensions across different levels of the independent variable. To explore the effect of the independent variable on each dependent variable, univariate ANOVAs were conducted.



Univariate ANOVA for Components of Marital Conflict

Source	Variable	SS	df	MS	F	Sig.
Between	Reduced Sexual Relationship	80.992	1	80.992	28.438	.000
	Increased Emotional Reactions	50.715	1	50.715	18.448	.000
	Separation of Financial Matters	41.155	1	41.155	29.932	.000
	Reduced Cooperation	74.266	1	74.266	22.822	.000
	Reduced Relationship with Spouse's Family	53.945	1	53.945	18.549	.000
	Increased Relation with Own Relatives	9.357	1	9.357	10.030	.005
	Increased Seeking Child Support	103.618	1	103.618	65.565	.000
Error	Reduced Sexual Relationship	59.809	21	2.848		
	Increased Emotional Reactions	57.731	21	2.749		
	Separation of Financial Matters	28.874	21	1.375		
	Reduced Cooperation	68.338	21	3.254		
	Reduced Relationship with Spouse's Family	61.073	21	2.908		
	Increased Relation with Own Relatives	19.591	21	0.933		
	Increased Seeking Child Support	33.188	21	1.580		
Total	All Variables (each)	_	30	_	_	_

Error! Reference source not found. examines the e ffectiveness of the educational program derived from the marital distress tolerance model on the marital conflicts of conflicting couples in Tehran. The results indicate that the program had a statistically significant effect on all dimensions of marital conflict. The calculated F-values for all components exceeded the critical thresholds. Therefore, it can be concluded with 99% confidence that the

educational program significantly improved all aspects of marital conflict among the participants.

4. Discussion and Conclusion

The results of the study indicated that the educational program based on the marital distress tolerance model had a statistically significant impact on the marital conflicts of



conflicting couples in Tehran, as the significance level for all components of marital conflict was below .05. These findings are consistent with similar studies (Ahmad Amani et al., 2018; A. Amani et al., 2018; Amato & Cheadle, 2008; Arshadi et al., 2021; Christensen & Shenk, 1991; Eggeman et al., 1985; Frankel et al., 2015; Gao, 2019; Harold et al., 1997; Liu & Vazsonyi, 2024).

The findings of this research demonstrate that variables capable of predicting marital distress tolerance, when incorporated into a structured educational program, can significantly influence and reduce marital conflict among couples. According to the causal model of marital distress tolerance, social problem-solving, cognitive flexibility, and family health are predictors of distress tolerance. Based on this model, the educational program was developed, and its implementation resulted in a reduction of marital conflict. Explaining this outcome, it can be stated that social problemsolving connects two core components: the interpersonal nature of the problem and the problem that interferes with daily functioning. Solutions derived from this process are likely to lead to desirable outcomes. Therefore, understanding the meaning of this concept is crucial. D'Zurilla and Nezu (2001) define a "problem" as any life situation or task that requires a response for adaptive functioning, but currently lacks an immediately available effective response due to existing obstacles. A "solution" is considered a context-specific coping response or a pattern of cognitive or behavioral responses generated by the problemsolving process when faced with a specific problematic situation (Troupe, 2008).

In this regard, problem-solving training or therapy seeks to assist individuals in navigating from the problem stage to its resolution through structured methods and steps. In Social Cognitive Learning Theory, effective problem-solving is regarded as a key skill. Thus, the inclusion of social problem-solving training in the educational program can aid in identifying the causes of marital conflicts and, consequently, in recognizing effective solutions. As evidenced by the results of this study, such training contributes significantly to reducing marital conflict.

The developed training package also included instruction in cognitive flexibility. Cognitive flexibility, defined as the ability to switch between goals or tasks, is considered a core component of executive functioning (Khayrollahi et al., 2019; Leyro et al., 2010). It refers to an individual's capacity to evaluate the controllability of situations, which may vary across different contexts. This skill enables individuals to respond appropriately and effectively to pressures,

challenges, and other emotional and social issues. Cognitive flexibility is understood as the capacity to shift cognitive sets in order to adapt to changing environmental stimuli—such as altering one's perspective or adjusting adaptively to new rules, demands, or circumstances (Lucon-Xiccato & Bisazza, 2017). Therefore, possessing the ability to shift and adapt cognitively has a positive influence on improving the resolution of conflicts in couples experiencing high levels of distress.

5. Suggestions and Limitations

This study, while offering valuable insights into the effectiveness of the marital distress tolerance model, is not without limitations. First, the sample size was relatively small and limited to couples from a single counseling center in Tehran, which restricts the generalizability of the findings to broader populations. Second, the study relied on self-report questionnaires, which may be influenced by social desirability bias or inaccurate self-assessment. Third, the absence of a long-term follow-up limits the understanding of the sustained impact of the intervention over time. Lastly, the quasi-experimental design, while rigorous, lacks the full control of a randomized controlled trial, which may affect internal validity.

Future research should aim to replicate these findings with larger and more diverse samples across multiple geographical locations to enhance generalizability. It is also recommended to incorporate longitudinal follow-up assessments to examine the durability of intervention effects over time. Researchers may consider using mixed-methods approaches, including qualitative interviews, to gain deeper insights into participants' experiences. Moreover, future studies could explore moderating variables such as gender, duration of marriage, and cultural background to better understand which couples benefit most from such interventions. Finally, integrating the marital distress tolerance model with other therapeutic modalities may enhance its effectiveness and applicability in clinical settings.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration



In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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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Ethical 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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