Structural Modeling of Marital Discord and Negative Interactions on Defense Mechanisms with the Mediating Role of Marital Quality of Life in Patients with Diabetes

Fatemeh Sadat. Hashemi[1] , Mansour. Ali Mahdi[2*] , Alireza. Jafari[1]

[1] Department of Health Psychology, Ki.C, Islamic Azad University, Kish, Iran
[2] Department of Clinical Psychology, Faculty of Welfare and Social Health Sciences, Tehran Medical Sciences Branch, Islamic Azad University, Tehran, Iran

* Corresponding author email address: M.alimahdi@iau.ir

Article Info

ABSTRACT

Objective: The aim of this study was to design and test a structural model of marital discord and negative interactions on defense mechanisms with the mediating role of marital quality of life in patients with diabetes.

Methods and Materials: This descriptive-correlational study was conducted using structural equation modeling. The statistical population consisted of 384 patients with diabetes who referred to medical centers in Shiraz and were selected through convenience sampling. The research instruments included the Locke and Wallace Marital Adjustment Test, the Couple Interaction Coding System, the Andrews Defense Style Questionnaire, and the Marital Quality of Life Questionnaire. Data were analyzed using SPSS and AMOS software.

Findings: The results showed that marital discord and negative interactions have significant direct and indirect effects on defense mechanisms, and marital quality of life plays a significant mediating role in these relationships. Increased marital discord and negative interactions were associated with decreased use of mature defenses and greater tendency toward maladaptive defenses.

Conclusion: These findings highlight the importance of improving marital relationships, reducing conflicts, and strengthening marital quality of life in preventing maladaptive defense mechanisms and promoting mental health. Study limitations included the use of convenience sampling, reliance on self-report questionnaires, and lack of full control over clinical and biological variables.

Keywords: Emotion-Focused Therapy; Cognitive-Behavioral Couple Therapy; Childhood Trauma; Anxiety; Depression; Relationship Quality

1. Introduction

Marital relationships constitute one of the most influential interpersonal systems shaping individuals' emotional, psychological, and physical functioning across the lifespan. Within the domain of family psychology and behavioral health, the interplay between marital discord, negative interactions, defense mechanisms, and marital quality of life has gained increasing scholarly attention, particularly in populations managing chronic

medical conditions such as diabetes. The unique stressors associated with chronic illness create conditions in which marital relationship dynamics become highly salient to psychological adaptation and health-related outcomes. Patients with diabetes frequently experience elevated emotional burden, lifestyle disruption, and prolonged exposure to stress, all of which heighten vulnerability to dysfunctional interpersonal patterns and maladaptive coping responses (An et al., 2021). This relational context warrants deeper examination because marital functioning serves not only as a predictor of individual well-being but also as a significant determinant of treatment adherence, disease management, and long-term health prognosis.

Marital discord, broadly conceptualized as persistent dissatisfaction, conflict, emotional disengagement, or instability within a marriage, is consistently associated with decreased psychological well-being and increased emotional distress (Whisman & Collazos, 2023). Research demonstrates that marital discord is both a precipitating and perpetuating factor in the onset of negative emotional states, including anxiety, depressive symptoms, and relational despair (Razavi & Salehiyan, 2022). Within chronically ill populations, this relationship appears even more robust because medical stressors amplify relational strain and reduce couples' capacity to engage in constructive coping. Studies show that in couples confronting infertility, chronic illness, or major life stressors, marital discord significantly predicts marital adjustment, emotional distress, and compromised interpersonal functioning (Monga et al., 2022). Furthermore, marital discord interacts with individual personality traits, emotion regulation abilities, and attachment-related vulnerabilities to shape long-term relationship functioning (Hashemi et al., 2022).

Negative marital interactions, including criticism, hostility, withdrawal, invalidation, and maladaptive communication patterns, have been identified as central mechanisms through which marital discord influences individual psychological functioning. Negative interactions often escalate conflict, entrench maladaptive relational cycles, and amplify emotional reactivity, thereby contributing to long-term relational deterioration (Gallegos et al., 2017). Longitudinal research shows that patterns of negative interactions predict depressive symptoms, relationship dissatisfaction, and mental health decline over time (Barton et al., 2022). Negative communication not only deteriorates relationship quality but also contributes to pathological emotional responses, cognitive distortions, and chronic relational stress, ultimately shaping the internal

psychological defenses that individuals employ in response to conflict (Mobassem, 2022). Given that communication quality is a central determinant of relational health, interventions targeting communication skills have repeatedly demonstrated beneficial effects on marital satisfaction, psychological resilience, and emotional connection (Yousefi et al., 2024). These findings underscore the importance of understanding negative marital interactions as a psychological and relational process with far-reaching consequences.

Defense mechanisms—automatic, unconscious psychological processes used to manage internal conflict and external stress—play a fundamental role in how individuals respond to relational challenges. Research suggests that defense mechanisms operate along a continuum ranging from mature defenses, such as humor and sublimation, to immature defenses such as denial and projection, each carrying distinct implications for marital functioning and emotional well-being (Ashori et al., 2022). Individuals experiencing heightened marital discord often demonstrate an increased reliance on immature defense mechanisms, which intensify emotional dysregulation, communication breakdowns, and relational dissatisfaction (Saffari et al., 2024). In contrast, higher marital quality and constructive dyadic coping have been associated with greater use of mature defenses, thereby enhancing emotional stability and relationship harmony (Ashrafi, 2020). Within chronic illness contexts, maladaptive defenses may also adversely affect treatment adherence, emotional resilience, and illness acceptance (Mohammadipour et al., 2021). Taken together, these findings highlight the critical importance of analyzing defense mechanisms as both outcomes of marital dynamics and mediators of relational and intrapersonal processes.

Marital quality of life—a multidimensional construct encompassing satisfaction, communication, emotional closeness, shared meaning, and mutual support—constitutes a vital variable linking marital functioning to psychological and physical well-being. Studies have consistently shown that marital quality is strongly associated with cognitive emotion regulation, dyadic coping, and positive communication patterns (Pour Meqdad et al., 2024). Interventions focused on marital conflict resolution, communication enhancement, and emotional regulation training have yielded improvements in both marital quality and psychological adjustment (Abedi et al., 2024). In clinical contexts, marital quality is further related to resilience, attachment patterns, and the capacity to manage relational stressors (Pour Seyyed Aghaei, 2025). Among couples

coping with anxiety disorders, cognitive-behavioral and behavioral marital therapies have shown significant improvements in marital adjustment and relationship satisfaction, underscoring the role of psychological interventions in strengthening marital functioning (Kavitha et al., 2024). Overall, marital quality of life emerges as a central mediator that can amplify or buffer the effects of marital dynamics on psychological outcomes.

In addition to its intrapersonal implications, marital quality also influences relational behaviors and communication. Research demonstrates that marital harmony is substantially enhanced when couples develop effective communication skills rooted in empathy, listening, mutual respect, and shared problem-solving, all of which contribute to emotional safety and dyadic cohesion (Samarh, 2025). Likewise, the construct of love languages, which refers to individualized expressions of affection, plays an influential role in shaping emotional connection and communication effectiveness (Rostami et al., 2025). Couple-based therapeutic interventions such as emotion-focused therapy have shown significant improvements in marital harmony, communication patterns, and relational satisfaction among distressed couples, affirming the centrality of communication in relational well-being (Navroodi et al., 2025). Integrating these findings emphasizes that marital quality is not simply a global measure of satisfaction but a complex construct that interacts with communication patterns, emotional regulation processes, and psychological defenses.

Prior studies have demonstrated that cognitive emotion regulation and defense mechanisms are intimately linked with marital communication patterns and marital stability. For example, cognitive emotion regulation strategies appear to influence communication styles, conflict resolution abilities, and the quality of marital interactions (Saffari et al., 2024). Psychological distress, attachment insecurity, and maladaptive coping strategies have also been identified as key factors shaping marital quality and spousal interaction patterns (Jamali et al., 2021). In couples facing serious medical conditions, dyadic coping emerges as a critical mechanism that mediates the relationship between psychological distress and marital quality of life (An et al., 2021). Together, these findings demonstrate that marital discord, negative interactions, defense mechanisms, and marital quality form an interconnected system that shapes the psychological and relational experiences of individuals, particularly those navigating chronic health challenges.

Given these interconnected influences, there is a growing need for comprehensive structural models that examine how marital discord and negative interactions shape defense mechanisms through the mediating effect of marital quality of life. Although individual studies have addressed each of these variables independently, few have integrated them into a unified model that captures their simultaneous interactions within chronic illness populations. Considering the unique vulnerabilities of individuals with diabetes—including heightened stress, emotional burden, and relational strain—the development of such a model is crucial for understanding how relational dynamics translate into psychological outcomes. Furthermore, psychological and relational interventions may be optimized when informed by structural models that identify precise pathways linking marital functioning to defense mechanism utilization.

Therefore, the present study aims to develop and test a structural model of marital discord and negative interactions on defense mechanisms with the mediating role of marital quality of life in patients with diabetes.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a descriptive–correlational design based on structural equation modeling. The statistical population consisted of all patients with diabetes who referred to medical centers in Shiraz from April to June 2025, from whom 384 individuals were selected through convenience sampling. The sample size was determined using Plent's formula ($N > 50 + 8m$), considering three predictor variables, and to increase validity and control for attrition, the final sample size was set at 384 participants.

The implementation process began after obtaining an ethics code from the university ethics committee and coordinating with the medical centers. Eligible individuals were included in the study after being informed about the research, signing an informed consent form, and being assured of the confidentiality of their information. The questionnaires were completed in a quiet setting, and incomplete or distorted data were removed and replaced. Throughout all stages, ethical principles were observed, including voluntary participation, the right to withdraw at any time, the absence of any physical or psychological harm, and the confidentiality of participants' information.

2.2. Measures

Locke–Wallace Marital Adjustment Test: This 15-item scale was developed by Locke and Wallace in 1959. Its purpose is to assess the degree of success of spouses in activities involved in marital adjustment. The cutoff score for this scale is 100; obtaining a score lower than 100 indicates strain in marital relationships. In the study by Sanayi Zaker (2000), the Cronbach's alpha coefficient of this scale was reported as 0.64, and the split-half reliability coefficient was 0.90. In addition, Momenzadeh, Mazaheri, and Heydari (2005), using the split-half method, reported a reliability above 0.90. The validity of this scale, in a study by Sadeghi (2010), showed that there was a significant difference between the mean scores of compatible and incompatible men and women.

Iranian Couple Interaction Coding System: The observational coding system for couples is a checklist of couples' interactions and their verbal and nonverbal behaviors, developed by Sadeghi (2010) based on theories and established coding systems, including the Specific Affect Coding System (SPAFF). Taking into account research findings on cultural differences in this field and using qualitative data collection methods such as observation and interviews with several distressed couples, as well as forming a focus group of couple-therapy experts, the initial checklist was refined and the final checklist was prepared. This coding system includes 22 interaction codes: 15 negative interaction codes, 1 neutral interaction code, and 1 positive interaction code. The negative interaction codes include contempt, insult, bad temper, domineering behavior, criticism, anger, tension, nervous joking, defensive behavior, sadness, stonewalling, family-related criticism, self-deprecation, devaluing the relationship, and gender-role rules. The seven positive interaction codes include interest in the relationship, validation and affirmation, affection, humor, surprise, self-disclosure, and the use of the word "we" in the couple's relationship. The sum of negative interaction codes yields the level of negative interactions, and the sum of positive interaction codes yields the level of positive interactions. The validity of the observational coding system was assessed in two ways: convergent validity (correlation with MAT scores) and discriminant validity (results of discriminant analysis in differentiating between compatible and incompatible couples). The checklist was also approved by 12 expert couple therapists. Inter-rater reliability was examined through correlations between the coded items across raters, and criterion-related validity was evaluated via correlations between the raters' codings and those of the primary coder. Correlations between observers using the r test showed that the correlation coefficients for each interaction code ranged from 0.56 to 0.95, all with $p < 0.05$. The correlation for total negative interactions was 0.82 and for total positive interactions was 0.76.

Andrews Defense Style Questionnaire: This questionnaire is designed to assess individuals' defense mechanisms and to classify them into three general styles: immature, mature, and neurotic. It was developed as a hierarchical model by Andrews et al. in 1993 and includes 40 items rated on a 9-point Likert scale. The questionnaire evaluates 20 defense mechanisms across the three aforementioned styles. Andrews and colleagues reported test–retest correlations ranging from 0.46 to 0.86, and Cronbach's alpha coefficients of 0.68 for the mature style, 0.58 for the immature style, and 0.80 for the neurotic style. In previous studies, the correlations between levels of defense mechanisms have been reported as 0.97, 0.93, and 0.95, respectively, indicating high construct validity. Heydari-Nasab, Mansour, Azadfallah, and Shaeiri (2007), in a study to examine the reliability and validity of this questionnaire in Iranian samples, assessed its reliability using the test–retest method and Cronbach's alpha in the study groups. Content validity, convergent validity, and construct validity were examined using experts' judgments regarding the relationship between the questionnaire items and the conceptual definitions of the defense mechanisms, as well as correlations with the NEO Personality Inventory. High agreement among experts on the relevance of the items to the definitions of defense mechanisms in credible sources, acceptable correlations between NEO factors and the Defense Style Questionnaire, and high correlations between items and their related mechanisms and styles all indicated acceptable validity. Cronbach's alpha coefficients in the study groups (ranging from 0.81 to 0.87) and high test–retest correlations demonstrated acceptable reliability of this questionnaire in the Iranian population.

Marital Quality of Life Questionnaire: This questionnaire consists of 14 items and was developed by Busby et al. (1995). Items are rated on a 6-point Likert scale from 0 to 5, where "strongly agree" receives a score of 5 and "strongly disagree" receives a score of 0. Confirmatory factor analysis in the United States supported the three-factor structure of the questionnaire and confirmed its validity. The reliability of the questionnaire has been reported to range from 0.80 to

0.90. In Iran, a Cronbach's alpha coefficient of 0.82 has been reported.

2.3. Data Analysis

Data analysis was carried out using descriptive statistics (mean and standard deviation) and inferential statistics (structural equation modeling). Assumptions were examined using the Kolmogorov–Smirnov test, Durbin–Watson statistic, variance inflation factor (VIF), and tolerance indices. Finally, the data were analyzed using SPSS version 26 and AMOS version 26.

3. Findings and Results

The statistical population in this study consisted of 384 patients with diabetes. Among the participants, 210 (54.7%) were women and 174 (45.3%) were men. All participants were married. The mean age of the sample was 44.36 years (SD = 7.92). The mean duration of diabetes in the participants was reported to be between 8 and 12 years (SD = 4.36). These data indicate that the sample under study had a relatively balanced distribution in terms of gender and age and showed sufficient variability in duration of illness. The mean, standard deviation, and score range of the main study variables are presented in Table 1.

Table 1

Means and standard deviations of the main variables

Variable	Mean	Standard Deviation	Minimum	Maximum
Marital discord	68.42	11.73	41	92
Negative interactions	52.18	9.64	28	73
Defense mechanisms	75.83	12.51	46	98
Marital quality of life	81.27	13.22	51	104

To test the conceptual model, structural equation modeling (SEM) was performed using AMOS software. The model fit indices are reported in Table 2.

Table 2

Fit indices of the structural model

Fit Index	Obtained Value
χ^2/df	2.47
RMSEA	0.056
CFI	0.94
TLI	0.92
GFI	0.91

Based on the values in Table 2, the research model demonstrated an acceptable and desirable fit. The results of the path analysis were as follows:

Table 3

Coefficients of direct and indirect paths

Path	β	Standard Error	t value	p value
Marital discord → Negative interactions	0.42	0.07	6.01	0.01
Negative interactions → Defense mechanisms	0.36	0.08	4.50	0.01
Marital discord → Marital quality of life	-0.40	0.06	-5.80	0.01
Negative interactions → Marital quality of life	-0.33	0.07	-4.71	0.01
Marital quality of life → Defense mechanisms	-0.29	0.09	-3.21	0.01

The analysis of indirect effects using the bootstrap method showed that marital quality of life has a significant mediating role in the relationship between marital discord and defense mechanisms. The findings indicate that increased marital discord and negative interactions directly reinforce maladaptive defense mechanisms in patients with diabetes. In addition, marital quality of life, by acting as a mediator, was able to account for part of the effects of the predictor variables on defense mechanisms.

4. Discussion and Conclusion

The purpose of this study was to examine a structural model in which marital discord and negative interactions predict the use of defense mechanisms, with marital quality of life acting as a mediating variable among patients with diabetes. The results demonstrated that higher levels of marital discord significantly increased negative marital interactions and were associated with lower marital quality of life. Moreover, negative interactions directly predicted greater reliance on maladaptive and immature defense mechanisms, while marital quality of life significantly mediated the effect of discord and negative interactions on defensive functioning. These findings highlight the complex interplay between relational conflict, communication patterns, psychological responses, and emotional well-being in couples managing chronic illness.

The direct association between marital discord and negative interactions is consistent with the broader literature emphasizing that marital dissatisfaction is one of the strongest predictors of conflictual communication patterns. High-conflict relationships often display elevated hostility, criticism, withdrawal, and emotional distancing, all of which degrade the relational environment and intensify emotional exhaustion (Gallegos et al., 2017). This is especially salient in couples dealing with chronic conditions such as diabetes, where the added burden of disease management increases the frequency and intensity of marital strain. Prior research confirms that couples facing infertility, cancer, or other chronic illnesses display more pronounced communication breakdowns when discord is present (Monga et al., 2022). The present findings therefore reinforce the theoretical expectation that marital discord is not merely a subjective dissatisfaction but a dynamic process that structurally transforms the patterns of interpersonal interaction.

In line with previous studies, the results indicate that negative interactions had a significant direct effect on defense mechanisms, particularly maladaptive and immature defenses. Negative communication—characterized by criticism, contempt, hostility, and emotional rejection—creates a psychologically threatening environment in which individuals activate defensive processes to regulate emotional distress (Mobassem, 2022). These results are consistent with findings showing that interpersonal conflicts and emotionally invalidating environments increase reliance on primitive defenses such as denial, projection, displacement, and avoidance (Ashori et al., 2022). When individuals feel emotionally attacked or unsupported, the ego's ability to use mature defense mechanisms diminishes, resulting in a greater tendency toward less adaptive methods of emotion regulation. Thus, the current study supports the argument that negative interactions serve as a proximal trigger for maladaptive defensive functioning, especially in vulnerable clinical populations.

The results also revealed that marital discord significantly reduced marital quality of life. This aligns with extensive research demonstrating that unresolved conflict and chronic dissatisfaction are strongly associated with reduced emotional intimacy, diminished trust, poor communication, and low relational cohesion (Pour Meqdad et al., 2024). In couples managing anxiety disorders, cognitive–behavioral interventions were shown to enhance marital adjustment and quality following improvements in communication and conflict management, underscoring the sensitivity of marital quality to relational dynamics (Kavitha et al., 2024). Similarly, marital conflict resolution programs have been shown to improve hope for life and reduce emotional divorce in distressed couples, further confirming the established link between discord and reduced marital well-being (Abedi et al., 2024). The present study's findings follow this pattern, indicating that marital discord exerts a profound negative influence on both perceived and behavioral indicators of marital quality.

Importantly, the mediating role of marital quality of life in the link between marital discord, negative interactions, and defense mechanisms was confirmed. This suggests that relational quality is a key mechanism through which conflictual dynamics affect psychological functioning. When marital quality is low, individuals experience reduced emotional support, less effective dyadic coping, and weaker relational resilience, all of which heighten vulnerability to maladaptive emotion regulation (An et al., 2021). The mediating function of marital quality of life is consistent with evidence showing that attachment insecurity, low satisfaction, and poor communication patterns amplify psychological distress and reduce adaptive response

strategies (Jamali et al., 2021). In contrast, high marital quality provides emotional stability, fosters trust, encourages perspective-taking, and supports mature defenses such as humor, acceptance, and sublimation (Ashrafi, 2020). Consequently, marital quality appears to act as a buffer that protects individuals from the psychological consequences of marital discord and negative interactions.

The strong association between negative interactions and maladaptive defenses is supported by studies showing that sexual dissatisfaction, intimacy problems, and communication breakdowns contribute to insecure relational environments that activate maladaptive coping and defensive reactions (Eskandari & Parandin, 2022). Similarly, deficits in conflict management, emotional regulation, and sexual intimacy have been shown to predict lower marital adjustment and greater psychological defensiveness (Hashemi et al., 2022). This study adds to the literature by demonstrating that these associations persist in diabetic populations, suggesting that medical stressors may exacerbate the relational–psychological spiral observed in many distressed couples.

Another important aspect of the findings concerns the role of resilience and cognitive emotion regulation. Research has demonstrated that cognitive emotion regulation strategies significantly influence communication styles, emotional reactivity, and marital conflict patterns (Saffari et al., 2024). Moreover, early maladaptive schemas and low resilience have been shown to predict lower marital relationship quality and higher maladaptive defense utilization (Pour Meqdad et al., 2024). In the context of this study, marital discord likely disrupts cognitive emotion regulation by increasing emotional overload, thereby intensifying reliance on primitive defenses. This reinforces the conceptualization of marital discord as a multi-level stressor that operates at interpersonal, cognitive, emotional, and behavioral dimensions simultaneously.

The current findings also support the literature emphasizing communication skills as a central determinant of marital functioning. Studies show that effective communication enhances marital stability, reduces conflict, and strengthens emotional bonds (Samarh, 2025). Additionally, expressions of affection, verbal empathy, and individualized "love languages" improve relational harmony and promote healthier psychological responses during stress (Rostami et al., 2025). Similarly, emotion-focused couple therapy has demonstrated significant improvements in communication patterns and marital harmony, especially among incompatible couples (Navroodi et al., 2025). These studies collectively support the notion that communication is a core pathway linking marital discord and negative interactions to psychological defense mechanisms. Poor communication increases the likelihood of maladaptive defenses, while improved communication cultivates emotional safety and facilitates the use of mature defenses.

Consistent with the present findings, research has shown that marital discord and chronic stress often lead to increased experiential avoidance, emotion dysregulation, and reliance on immature defenses (Shams et al., 2022). When couples fail to manage conflict effectively, emotional disengagement increases, and the relational climate becomes more reactive and insecure. This dynamic is mirrored in studies demonstrating that marital conflict and perceived stress significantly predict marital adjustment, sexual satisfaction, and emotional well-being (Razavi & Salehiyan, 2022). Furthermore, solution-focused and cognitive-behavioral couple therapy programs have shown success in improving marital adjustment, relationship quality, and emotional functioning among distressed couples, indicating that relational interventions may help reduce maladaptive defenses (Mohammadipour et al., 2021).

The present study also aligns with findings showing that parent–child relationship quality, work–family stress, interpersonal tension, and chronic caregiving demands influence marital satisfaction and psychological functioning (Aslami & Parvandeh, 2020). Across diverse populations, marital discord emerges as a multidimensional stressor affecting physical health, psychological well-being, and relational stability. The current results confirm that the psychological processes underlying these effects— particularly defense mechanisms—are closely tied to marital quality and communication dynamics.

Finally, the observed links between marital quality, defense mechanisms, and marital burnout reinforce previous findings demonstrating that communication training protocols can improve emotional connection and reduce relational exhaustion (Yousefi et al., 2024). Together, these findings highlight the importance of relational interventions aimed at communication enhancement, emotional regulation, and conflict reduction for individuals managing chronic illnesses such as diabetes.

5. Suggestions and Limitations

This study was limited by its cross-sectional design, which restricts the ability to draw causal conclusions. All data were based on self-report instruments, which may be

subject to social desirability bias, recall inaccuracies, and subjective interpretation. The sample was limited to diabetic patients from a specific geographic region, which restricts generalizability to other populations or medical conditions. Additionally, contextual factors such as cultural norms, family structure, socioeconomic status, illness severity, and partner characteristics were not fully controlled. Finally, the study did not include observational or qualitative assessments that might have provided deeper insight into communication patterns and defensive processes.

Future studies should incorporate longitudinal designs to better understand causal pathways and how marital dynamics evolve over time in chronic illness contexts. Including partners' reports or dyadic analysis could strengthen the reliability of relational data. Future research may also integrate physiological, behavioral, or observational measures to complement self-reports and capture real-time interactions. Investigating additional mediators such as attachment insecurity, emotion dysregulation, or interpersonal neurobiology may deepen theoretical understanding. Comparative studies across different chronic illnesses or cultural backgrounds could also elucidate generalizable versus condition-specific relational patterns. Finally, intervention-based studies examining how targeted therapies influence defensive functioning and marital quality would offer valuable clinical insights.

Clinicians working with diabetic patients should consider assessing marital functioning as part of routine psychological evaluation. Couple-based interventions focused on communication enhancement, emotional regulation training, and collaborative problem-solving may reduce marital discord and maladaptive defensive responding. Psychoeducation on defense mechanisms and stress management could support healthier responses to conflict. Integrating partners into treatment planning may improve adherence, emotional support, and overall health outcomes. Furthermore, developing accessible communication skills programs and resilience-building workshops may strengthen relational quality and promote psychological well-being among couples coping with chronic illness.

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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