

DISTRESS TOLERANCE, MENTAL HEALTH PROBLEMS AND MARITAL SATISFACTION AMONG MARRIED COUPLES

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ABSTRACT

*Distress tolerance is known as an ability to deal with unpleasant circumstances and maintain better mental health and congenial interpersonal relations. To explore the role of distress tolerance among married couples, current study focusses to investigate the relationship between distress tolerance, mental health problems and marital satisfaction among married couples. It was hypothesized that 1) Distress tolerance is likely to have a relationship with mental health problems among married couples. 2) Distress tolerance is likely to have relationship with marital satisfaction among married couples. 3) Mental health problems are likely to have a relationship with marital satisfaction among married couples. 4) Distress tolerance is likely to predict mental health problems and marital satisfaction among married couples. A convenient sample of 300 married couples (150 males, 150 females) was taken from different areas of Sialkot. A self-developed demographic sheet was administered along with Distress Tolerance Scale (Simons & Gaher, 2005), Depression, Anxiety, Stress Scale (DASS-21 by Lovibond, & Lovibond, 1995) and Relationship Assessment Scale (RAS by Hendrick, S.S, 1988). For data analysis, descriptive analysis, Pearson Product Moment Correlation Coefficient, and regression model was used. Results showed positive significant relationship between distress tolerance and mental health problems ($r=.549^{**}$, $^{**}p<0.01$), negative significant relationship between distress tolerance and marital satisfaction ($r=-.437^{**}$, $^{**}p<0.01$) and significant negative relationship was found between mental health problems and marital satisfaction among married couples ($r=-.565^{**}$, $p<0.01$). Further, regression analysis revealed that DT has potential to predict and bring 29% change in MHP, and 18% change in MS. It is also noted that B's of MHP is positive which means that 1-unit change in DT brings 0.54-unit change in MHP. Further, B's of MS is negative which shows that as DT increases by 1-unit then MS decreases by -0.43 times. Findings of the current study have implications for future avenues.*

Keywords: Distress Tolerance, Depression, Anxiety, Stress, Marital Satisfaction.

INTRODUCTION

Distress tolerance has been defined as the tendency to encounter and tolerate unpleasant mental conditions. It has become more popular as a determinant of health and psychological performance (Simons & Gaher, 2005). Ample of researches are available to describe the addressed phenomenon as researches indicate that high and increasing distress tolerance is beneficial to regulate existing distress and also prevents the emergence of mental issues over time and promotes the mental health (Kraemer et al., 2016) while Simons and Gaher (2005) in their research showed, if distress is reported by a person as intolerable, despicable, or indefensible, exhibits lower perceptual capacity to manage, makes attempts to avoid undergoing negative feelings or to instantly lessen negative feelings. Distress tolerance is linked with internalizing symptoms i.e., anxiety or depressive symptoms as an underlying

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component (Evanovich et al., 2019; Banducci et al., 2017) as with low tolerance of distress a person uses unhealthy combating strategies in anxiousness, provocative and unfavorable circumstances (Keough et al., 2010; Zvolensky et al., 2009), hence, for this individual difference also exit as positivity or tolerating distress might be distressing to some people (Winer & Salem, 2016). Conflicting patterns of connection between distress tolerance skills and health outcomes across various populations also exit (Kechter & Leventhal, 2018) as few researches has highlighted the linkage among distressing or unpleasant life experiences and distress tolerance on symptoms of depression, showing the extent to what painful or unfavorable situations cause depression is determined by one's capacity to endure distress (Felton et al., 2018; Macatee et al., 2016; Lass et al., 2020).

Having high distress tolerance can positively affect the interpersonal relationships of married couples in a sense when their preferences and opinions are understood and given respect and care by each other (La Guardia & Patrick, 2008). Evidenced by a study (Grecucci et al., 2015), distress tolerance is recognized as one of the most important characteristics in a couple's ability to deal with stressful situations that come in life and may have an impact on their marriage. Partner commitment is positively linked to marriage stability, contentment, expression of love, adaptability, reduction of marital issues and healthier wellbeing. According to the findings by Lopez-Mourelo et al., (2017) significant likelihood of concordance among marriage issues and anxious conditions and distress tolerance is one of these variables. Shiri et al., (2020) discovered that marital stress and distress tolerance have a direct impact on loneliness in a direct and significant way. They also indicated that marital stress and distress tolerance are key factors in the tendency to divorce due to emotions of loneliness. The strongest and most consistent predictor of the quality and stability of a marriage is marital commitment. As a result, communicative commitment plays a character in the link among problematic schemas and tolerance of distress in couples with maladaptive relationships.

Interpersonal relationships of married couples are broadly viewed to be an important predictor of good mental and overall wellbeing (HEA, 1997). Evidenced by a meta-analytic study, when couples meet important psychological requirements of one another, it enables them to have more good self, liveliness, good impact while having lower detrimental impact (Patrick et al., 2007). According to another study marriage is also seen as the most important means of starting a family and raise future generations, but if marriage life has problems then it can lead to dissatisfaction and sometimes can lead to many other psychopathologies in both partners (Larson & Holman, 2010). A study done by (Farah et al., 2011) indicated that many factors influence marital satisfaction, including age during marriage, marital duration, ethnicity, individuality factors, how much mentally mature a couple is, thinking patterns, perception about self and world, expectations in life, emotional competence, conversation patterns and skills effectively to resolve issues, convictions of religion, being understood mutually, compassion, warmth, devotion, trust and commitment. According to a study, high marital quality is linked with lower level of stress and least depression. Certain other studies have depicted that, in general, married individuals are not only happier but also physically and mentally healthier compared to their unmarried counterparts and especially compared to those who are separated or divorced (Kasapoglu & Yabanigul, 2018). Another study shows that healthy degree of equality among couples is required for marriage and marital life. Satisfaction has an essential character in the family's daily and healthy functions. Mental health of the partner and family members is influenced by the marital relationship. Arguments and misunderstandings among couples can lead to increased anxiousness, hostility, and variety of other problematic behaviors (Rostami et al., 2014).

Hypotheses

The hypotheses were formulated as:

1. Distress tolerance is likely to have a relationship with mental health problems among married couples.
2. Distress tolerance is likely to have relationship with marital satisfaction among married couples.
3. Mental health problems are likely to have a relationship with marital satisfaction among married couples.
4. Distress tolerance is likely to predict mental health problems and marital satisfaction among married couples.

METHODOLOGY

Research Design

A cross-sectional correlational study design was used to assess the relationship between distress tolerance, mental health problems, and marital satisfaction among married couples.

Sample

A sample of 300 married couples (150 males and 150 females) was taken through the convenient sampling technique from different areas of Sialkot. Their age ranged between 25-40 years ($M=25.2$, $SD=1.35$). The minimum duration of their marriage was 2 years. Their minimum level of education was matriculation and they belonged to lower, middle and upper socioeconomic status with both joint and nuclear family setups.

Inclusion and exclusion criteria of the present study

1. Couples with a minimum duration of 2 years of their marriage were included and less than 2 years were excluded.
2. Widows, divorced and separated were excluded.

Measures

Distress Tolerance Scale (Simons & Gaher, 2005)

It is a self-report questionnaire consisted with 15 items and 4 subscales: tolerance, absorption, evaluation, and regulation. The subscales include tolerance (emotional anxiety tolerance) on items (1,3,5), absorption (absorption of negative emotions) on items (2,4,14,15), appraisal (mental estimation of anxiety) on items (6,7,9,10,11,12) and regulation (regulating efforts to spoil their peril) on items (8,13). The items on this measure are scored on a five-point Likert scale. Moreover, the subject's minimum and maximum scores on this scale are 15 and 75, respectively. High scores on the scale indicate more tolerance. Alpha coefficients for tolerance, absorption, appraisal, and regulation are obtained at 0.72, 0.78, 0.70, and 0.82, respectively. It should be mentioned that the corresponding value for the whole scale will be determined at 0.82.

Depression, Anxiety, Stress Scale (DASS-21 by Lovibond, & Lovibond, 1995)

It is consisted of 21 items (DASS-21) containing three self-report subscales designed to measure the emotional states i.e.: depression on items (3,5,10,13,16,17,21), anxiety on items (2,4,7,9,15,19,20) and stress on items (1,6,8,11,12,14,18). Brief version of DASS containing 21 items will be used in the current study. Each item is graded on a 4-point Likert scale ranging from 0 ("did not apply to me at all") to 3 ("applied to me very much"). The reliability of DASS-21 was demonstrated by excellent Cronbach's alpha values of 0.81, 0.89 and 0.78 for the subscales of depressive, anxiety, and stress respectively.

Relationship Assessment Scale (Hendrick, S.S., 1988)

It consists of 7-items measure used to assess relationship satisfaction in adults. It has been used in numerous studies to assess couple's marital satisfaction. Individuals score item on a 5-point scale ranging from 1 (low satisfaction) to 5 (high satisfaction). Scores ranging from 7-14 will show low satisfaction, scores ranging from 15-21 will show average satisfaction and scores ranging from 22-35 will show high satisfaction. The Cronbach's alpha reliability of RAS is 0.82.

Statistical Analysis

For data analysis, percentages of demographic characteristics and demographic variables were analyzed through descriptive analysis and for relationship between variables Pearson Product Moment Correlation Coefficient was used. Further for mean differences t-test was applied.

RESULTS

This part of the current study shows the main statistical findings of the current data. Statistical package for social sciences (SPSS, 21) was used to apply descriptive statistics and Pearson product coefficient correlation. Percentages, mean, standard deviation of demographic credentials and demographic variables will be explored through descriptive statistics. To measure the relationship between the scales and subscales of Distress Tolerance Scale (DTS), Depression, Anxiety, Stress Scale (DASS-21), and Relationship Assessment Scale (RAS) Pearson product moment coefficient correlation was applied.

Table No. 1 Summary of socio-demographic and characteristics of the entire sample.

Variables	<i>f</i>	%
Gender		
Male	150	50.0
Female	150	50.0
Family setup		
Joint	178	59.3
Nuclear	122	40.7
Duration of marriage		
2-7	132	44.0
8-13	108	36.0
14-19	60	20.0
No of children		
0-2	154	51.3
3-5	146	48.6
Educational level		
Matric	56	18.7
Intermediate	84	28.0
BS	103	34.3
MS/M.PHIL	57	19
Socioeconomic status		
Low	18	6.0
middle	260	86.7
high	22	7.3
Job status of male spouse		
Employed	150	100.0
Unemployed	0	0
Nature of job of male spouse		
Government job	23	7.7
Private job	48	16.0
Business	56	18.7
Other	23	7.7
Job status of female spouse		
Employed	20	6.7
Housewife	130	43.3
Nature of job of female spouse		
Government job	7	2.3
Private job	9	3.0
Business	3	1.0
Other	1	.3
Monthly income		
Less than 30,000	33	11.0
31,000-50,000	86	28.7
51,000 - 100,000	109	36.3
100,000 – 1,50,0000	59	19.7
Above 1,50,0000	13	4.3

Note: *N*=300

Table No 2 Cronbach Alpha and descriptive statistics of all the scales and subscales of current study.

Scales and Sub-scales	No.of Items	M	SD	α
Distress Tolerance Scale (DTS)	15	45.79	9.51	.77
Tolerance	3	8.40	2.71	.52
Absorption	4	12.47	3.29	.55
Appraisal	6	17.84	4.63	.59
Regulation	2	7.07	2.16	.65
Depression Anxiety Stress Scale (DASS)	21	17.55	11.10	.91
Depression	7	5.20	4.07	.77
Anxiety	7	4.73	3.87	.78
Stress	8	8.37	4.81	.81
Relationship Assessment Scale (RAS)	7	41.74	6.46	.88

N=300

Table No 3 Pearson Product Moment Coefficient of Correlation analysis for model variables in married couples (N=300).

Variables	1	2	3
1. Distress Tolerance (DTS)	-	.549**	-.437**
2. Mental Health Problems (MHP)		-	-.565**
3. Marital Satisfaction (MS)			

** $p < 0.01$

Note: Above table shows that there is significant positive relationship between DT and mental health problems in married couples ($r = .549^{**}$, $p < 0.01$), whereas there is significant negative relationship between DT and MS in married couples ($r = -.437^{**}$, $p < 0.01$). Further, the analysis shows significant negative relationship between mental health problems and marital satisfaction among married couples ($r = -.565^{**}$, $p < 0.01$).

Table No. 4 Model Summary of Linear Regression Analysis of Distress Tolerance (DT), Mental Health Problems (MHP) and Marital Satisfaction (MS) among married couples (N=300).

Dependent Variable	Independent Variable	B	ΔR^2	F
Mental Health Problems (MHP)	DT	0.549**	0.299	128.56**
Marital Satisfaction	DT	-0.437**	0.188	70.392**

*N= 300, ** $p < 0.01$*

Note: The standardized B's and F-values are significant and ΔR^2 shows that DT has potential to predict and bring 29% change in MHP, and 18% change in MS. It is also noted that B's of MHP is positive which means that 1-unit change in DT brings 0.54-unit change in MHP. Further, B's of MS is negative which shows that as DT increases by 1-unit then MS decreases by -0.43 times.

Additional Findings

Table No. 5 Relationship between subscales of Distress Tolerance Scale (DTS) and subscales of Depression, Anxiety and Stress scale among married couples. (N=300)

Variables	1	2	3	4	5	6	7
1. Tolerance	-	.531**	.529**	.071**	.466**	.431**	.465**
2. Absorption		-	.555**	.178**	.374**	.411**	.430**
3. Appraisal			-	.083**	.457**	.428**	.449**
4. Regulation				-	-.011**	.012**	.056**

5. Depression	-	.765**	.734**
6. Anxiety		-	.670**
7. Stress			-

**Correlation is significant at the 0.01 level (2-tailed)

Note: From the above table, it is concluded that there is statistically significant positive relationship of subscales of distress tolerance with depression, anxiety, and stress.

Table No. 6 Relationship between subscales of Distress Tolerance Scale (DTS) and marital satisfaction among married couples. (N=300).

Variables	1	2	3	4	5
1. Tolerance	-	.531**	.529**	.071	-.388**
2. Absorption		-	.555**	.178**	-.276**
3. Appraisal			-	.083	-.460**
4. Regulation				-	-.009
5. Marital Satisfaction					-

** Correlation is significant at 0.01 level (2-tailed)

Note: above table indicates significant negative relationship between tolerance, absorption, appraisal (subscales of distress tolerance) with marital satisfaction whereas regulation subscale showed no significant relationship with marital relationship among married couples.

DISCUSSION

The current study was aimed to explore the relationship between distress tolerance (DT), mental health (MH) and marital satisfaction (MS) among married couples. According to the formulated hypotheses, we explored the relationship of DT with MH, and MS and relationship of MH with MS. According to the first hypothesis of the study, there would be positive relationship between distress tolerance (DT) and mental health (MH) among married couples. The findings of the study showed that DT has positive relationship with MH among married couples (Table 3 & 4).

According to the observation of researcher of current study, it has been found that when a couple enters into a marital relationship, they face many new challenges (i.e. understanding the life partner, understanding attitude of the family members, adopting new responsibilities, creating balance among family members and respecting the needs of other family members etc) because they are entering into new situations that they have not been through before, they prepare themselves for adjusting in order to fit into the needs and expectations of the new family where they sacrifice their own liking and disliking just to meet needs of others and keep others happy. For which they can feel stressed or anxious overtime and when they find themselves lacking at some point it may leads them towards being distressed. A previous study and theory is in line with the findings, according to the construct of distress tolerance i.e. tolerance of ambiguity (TOA), which is the perceived tolerance for challenging, unfamiliar or ambiguous situation, it also states that an individual with decreased levels of TOA is likely to have greater levels of emotional anguish e.g. anxiety or stress (Furnham & Ribchester, 1995). The finding is also consistent and supported by previous study by Schramm et al. (2005) that being a newlywed, people and family expect them to be blissful and happy. However, it is also common for newlyweds to be distressed about new situations and challenges. The findings are well grounded on the stress appraisal theory of Lazarus and Folkman (1986) that stress occurs when the individual believes that requirements are beyond the ability to utilize personal and social resources.

Another reason that seems to be the cause of high distress tolerance and mental health problems among couples is that when they keep suppressing and excessively tolerate negative emotions or states and when others expect them to be patient all the time in order to avoid negative situations or to avoid conflict ultimately leads them towards frustration and anxiety. In addition to feeling anxious, frustrated and emotional bombardment couples also go through several physical sensations such as increased heartbeat, high blood pressure etc.

The reason is supported by another construct of distress tolerance i.e. tolerance of frustration which is linked with affective and self-control qualities and is a perceived capacity to resist aggravation. Leyro et al. (2010) states that it is linked with greater anxiety and symptoms of depression. And tolerance of physical sensations, that every individual responds to distress differently and it depends on a person's perceived capacity to hold that stress and his/her actual behavior in response to that stress. Supported by the another

previous study by Kiselica et al. (2015) and Simons et al. (2005) that DT is highly correlated with distress and unfavorable emotional states.

According to the observation of current study's researcher, it is found that most of the time when a spouse suppresses his/her emotions and negative states, he/she also actually waits for the desired good time impulsively or ask him/herself or from others that when the good time will come and how much time they will have to be patient for or tolerate in order to get the desired good time. This phenomenon continuously indulges them in the state of frustration, anxiety and internal distress related to the future and current situation. The reason is supported by DT's construct i.e. tolerance of uncertainty which defines that how people give reactions with their emotions, cognition, or behaviors to unknown situations. The degree to which a person worries about and feels emotional discomfort as a result of life concerns may be linked to his or her ability to deal with uncertainty (Buhr & Dugas, 2002).

The second hypothesis was about the negative relationship between distress tolerance (DT) and marital satisfaction (MS) among married couples. This study found a significant negative relationship between DT and MS among married couples (Table 3 & 4).

According to the observation of researcher of current study, excessively tolerating distress and being unable to make an appropriate response is often seen in Asian or Eastern cultures and it can lead to various outcomes such as marital dissatisfaction or marital distress. The biggest reason seems behind it is that couples' lack the communication skills which causes increased distress and despite of thinking about resolving the conflict in effective ways which causes low frustration tolerance and ineffective communication, they consider that it will be useless to talk about it and they tend to overgeneralize it in all situations and all these factors develop cognitive errors e.g. they use phrases like, "I wish I was not married in the first place", "this is all I can expect from you". Supported by a previous study by Litzinger et al. (2005) couples who communicate their thoughts and feelings experience more marital satisfaction in comparison of those who do not. Another study is in line with the findings, one aspect that can cause dissatisfaction in marriage is caused by the building of ongoing conflict resulting by high tolerance. Many couples are afraid of their aversive emotions and it is difficult for them to manage them. It is common for many people to choose high tolerance of distress in the hope that the aversive emotions may go on their own (Anim, 2013).

According to the third hypothesis of the study, there would be negative relationship between mental health (MH) and marital satisfaction (MS) among married couples. This study found a significant negative relationship between MH and MS (Table 3 & 4).

According to observation of researcher of current study, couples who do not live together e.g. living in a different country or city to work are more prone to mental health issues and have low marital satisfaction. The feelings of not being able to enjoy certain moments with their partner, develops isolation and low support and also not being able to fulfill their marital needs causes stress and anxiety and spouses who are away from each other for an extensive period of time are often prone towards depression. They also feel more insecure and are afraid of future consequences such as infidelity of their partners. The findings are supported by the cognitive theory of depression (Beck 1967) that states that the triangle of cognition includes automatic negative thinking, self-schemas that are negative and logical defects and these are the main causes for depression. The triangle of cognition consists of three types of negative thoughts; those about oneself, the world and the future.

CONCLUSION

The present study exposes the relationship between Distress Tolerance (DT), Mental Health (MH) and Marital Satisfaction (MS) among married couples. Further, it was concluded from the findings that there was significant positive relationship between DT and MH among married couples. It was found that there was a significant negative relationship between DT and MS among married couples. Further, it was revealed that MH is negatively correlated with MS among married couples. Findings also showed that there was significant gender difference on the variable of DT whereas no significant difference was found on the variables of MH and MS. The findings showed that there are various factors that are an influence in creating DT, MH and MS among married couples. Factors that are observed to influence DT and MH include distress among newlyweds and uncertainty about the desired good time. Further, factor that is observed to influence DT and MS include communication gap among couples. Moreover, factors influencing MH and MS include couples living away from each other and lack of spouse support. The previous studies and theories are also consistent and are in support with the current findings of the study. Moreover, it is also

concluded from the current study that couples should be psychologically educated and provided spouse counseling for healthier life and enhanced marital relationship, marital satisfaction, and mental health.

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