Article Type: Original Research
Article history:
Received 14 March 2024
Revised 20 May 2024
Accepted 24 May 2024
Published online 01 Jone 2024

Effectiveness of a Distress Tolerance Program on Marital Adjustment and Negative Affect

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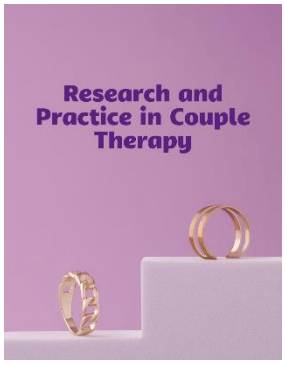

ABSTRACT

This study aimed to evaluate the effectiveness of a structured Distress Tolerance Program on improving marital adjustment and reducing negative affect in married individuals. A randomized controlled trial was conducted involving 30 married participants from Armenia, who were randomly assigned to either an intervention group (n = 15) receiving a 10-session Distress Tolerance Program or a control group (n = 15) receiving no intervention. Standardized tools—the Dyadic Adjustment Scale (DAS) and the Negative Affect subscale of the PANAS—were administered at three time points: pre-test, post-test, and five-month follow-up. Data were analyzed using repeated measures ANOVA and Bonferroni post-hoc tests with SPSS-27. Assumptions for normality, homogeneity, and sphericity were confirmed prior to inferential testing. Results demonstrated significant time × group interaction effects for both marital adjustment ($F(2, 56) = 27.22$, $p < .001$, $\eta^2 = .51$) and negative affect ($F(2, 56) = 26.26$, $p < .001$, $\eta^2 = .48$). Bonferroni post-hoc comparisons indicated significant improvements in marital adjustment and reductions in negative affect from pre-test to post-test and from pre-test to follow-up (all $p < .001$) in the intervention group. No significant changes were observed between post-test and follow-up scores, suggesting the intervention effects were sustained over time. The findings support the efficacy of distress tolerance training as a targeted psychological intervention for enhancing marital adjustment and reducing negative affect. The program's long-term benefits highlight its potential for use in clinical and marital counseling settings, especially in culturally sensitive contexts where emotional suppression and relational conflict are prevalent.

Keywords: Distress tolerance, marital adjustment, negative affect, emotion regulation, randomized controlled trial

How to cite this article:
Grigoryan, M., Hakobyan, A., & Vardanyan, N. (2024). Effectiveness of a Distress Tolerance Program on Marital Adjustment and Negative Affect. *Research and Practice in Couple Therapy*, *2*(2), 1-11. https://doi.org/10.61838/rpct.2.2.3

Introduction

Marital relationships serve as one of the most fundamental pillars of emotional security and psychological well-being. However, the quality of this intimate bond is frequently challenged by emotional distress, communication breakdowns, and poor coping skills, which can lead to marital dissatisfaction and psychological disturbances such as anxiety, depression, and negative affect (An et al., 2021; Batool et al., 2023). In contemporary societies facing rising stressors—from socio-economic instability to cultural tensions—marital functioning has become increasingly susceptible to emotional dysregulation and distress intolerance (Dutta et al., 2024; Whiteford et al., 2023). Distress tolerance, defined as the ability to withstand negative emotional states without resorting to maladaptive behaviors, has emerged as a critical psychological resource for promoting emotional resilience and sustaining marital harmony (Buckner et al., 2019; Khan et al., 2022).

Marital dissatisfaction is not only a predictor of psychological distress but also a key outcome influenced by a partner's inability to regulate emotions or endure conflict-laden situations (Gul et al., 2025; Kim et al., 2019). Research demonstrates that individuals with low distress tolerance often resort to avoidance, emotional outbursts, or withdrawal during disagreements, leading to diminished marital adjustment and greater interpersonal dissatisfaction (Bonfils et al., 2018; Henschel et al., 2021). Conversely, enhanced distress tolerance is associated with improved dyadic coping, empathy, and the ability to navigate conflict without escalating relational damage (Kechter & Leventhal, 2018; Selles et al., 2017).

Despite increasing scholarly attention to the role of emotion regulation in intimate relationships, few interventions have directly targeted distress tolerance as a primary mechanism for improving marital outcomes. Given that marital satisfaction and psychological distress often exist in a reciprocal relationship, developing interventions that bolster individuals' distress tolerance capacities may reduce negative affect while improving marital adjustment (Naderian et al., 2023; Wang et al., 2020). In this context, the Distress Tolerance Program—adapted from dialectical behavior therapy principles—offers a promising avenue for improving emotional functioning and relational quality among distressed couples.

Negative affect, encompassing emotions such as anger, guilt, fear, and sadness, plays a significant role in eroding marital intimacy and fostering relational discord (Batool et al., 2023; Masaud et al., 2021). Individuals who experience heightened negative affect often perceive their marital environment as more conflictual and report lower satisfaction levels. Moreover, persistent negative affect not only undermines emotional bonding but also contributes to cognitive distortions and communication breakdowns in the dyadic system (Ecker et al., 2019; Gupta et al., 2019). Studies indicate that couples struggling with emotional reactivity and poor regulation are more prone to relational instability and divorce, particularly when distress tolerance is low or absent (Trang & Ngọc, 2024; Umm e & Kamal, 2023).

The sociocultural context further complicates the emotional climate of marital life. In settings marked by gender role expectations, economic pressures, and cultural taboos regarding emotional expression, both men and women may find it difficult to communicate emotional needs constructively (Hasanudin et al., 2024; Kombat et al., 2023). For example, forced or early marriages, which remain prevalent in some communities, have been linked to sustained psychological distress and limited coping repertoires in adulthood (Ainiyah & Nisah, 2025; Fashihullisan et al., 2019). Moreover, stigma associated with marital instability or psychological help-seeking may suppress the pursuit of healthy emotional regulation strategies, leading to chronic relational dissatisfaction (Babatunde & Living, 2025; Tetik & Alkar, 2024).

Recent empirical evidence underscores the clinical significance of distress tolerance as a transdiagnostic factor linked to multiple domains of functioning, including substance use, trauma, emotional reactivity, and intimate relationships (Buckner et al., 2019; Khan et al., 2022). For instance, Buckner et al. (Buckner et al., 2019) demonstrated that individuals with low distress tolerance exhibited heightened craving and maladaptive behavior when subjected to experimentally induced emotional distress. Similarly, Whiteford et al. (Whiteford et al., 2023) found that veterans with complex PTSD who exhibited poor distress tolerance reported elevated alcohol use and relational difficulties. These findings suggest that distress tolerance not only moderates emotional responses but also plays a central role in behavior regulation within interpersonal contexts.

In marital settings specifically, distress tolerance has been shown to mediate the relationship between psychological distress and empathic capacity, ultimately influencing marital satisfaction (Bonfils et al., 2018). An et al. (An et al., 2021) revealed that dyadic coping—wherein partners collaboratively manage stress—acts as a critical buffer against psychological distress and enhances marital quality. However, for dyadic coping to occur effectively, both partners must possess sufficient emotional regulation skills and the capacity to tolerate internal distress without externalizing it onto the relationship.

Furthermore, the relational impact of distress is often compounded by social and gender-based vulnerabilities. Studies from diverse cultural contexts highlight how dowry expectations, interfaith marriage tensions, and unequal gender dynamics elevate

emotional burden and decrease marital satisfaction (Ecker et al., 2019; Hasanudin et al., 2024; Umm e & Kamal, 2023). Emotional suppression, fear of stigma, and lack of social support further inhibit adaptive distress management among married individuals, particularly women (Ainiyah & Nisah, 2025; Gul et al., 2025). In these conditions, interventions that enhance emotional endurance and self-regulation can serve both clinical and preventive roles in maintaining marital stability.

The psychological burden of distress is particularly salient during periods of health or financial crises. For instance, the COVID-19 pandemic created a surge in psychological distress and reduced access to emotional coping resources, which significantly impacted couples' ability to manage relational conflict (Wang et al., 2020). Similarly, financial stressors have been linked to emotional breakdowns in both parent–child and marital relationships (Babatunde & Living, 2025; Kim et al., 2019). In such conditions, distress tolerance functions as a protective shield that prevents relational deterioration by promoting emotional patience, clarity, and mindful decision-making.

Given this context, interventions aimed at strengthening distress tolerance could have significant downstream effects on improving marital adjustment and reducing negative affect. The current study seeks to fill this empirical and clinical gap by evaluating the effectiveness of a structured Distress Tolerance Program on two key outcomes: marital adjustment and negative affect. By providing participants with emotion regulation tools, crisis survival strategies, and interpersonal mindfulness techniques, the program aims to promote healthier emotional responses and more satisfying marital dynamics.

Notably, previous interventions targeting marital outcomes have predominantly focused on communication skills or cognitive restructuring, often neglecting the foundational emotional resilience required to sustain these behavioral changes (Ahrari et al., 2020; Naderian et al., 2023). While communication is critical, without the capacity to endure emotional discomfort, couples may continue to relapse into defensive or avoidant patterns. In contrast, distress tolerance training empowers individuals to remain emotionally present, manage internal discomfort, and engage in constructive dialogue, even in conflictual situations (Henschel et al., 2021; Selles et al., 2017).

Moreover, emotional distress not only affects the individual but can ripple across family systems, influencing children, extended families, and even broader community dynamics. Programs that target internal emotional resources such as distress tolerance may yield more sustainable and generalized improvements in psychological and relational functioning (Dutta et al., 2024; Kechter & Leventhal, 2018). For example, the ability to tolerate ambiguity, frustration, or rejection in marriage may also enhance parenting behaviors, work performance, and social integration.

The present study employs a randomized controlled trial with a control group and a five-month follow-up period to rigorously examine the long-term impact of distress tolerance training on marital adjustment and negative affect among Armenian participants.

Methods and Materials

Study Design and Participants

This study was conducted using a randomized controlled trial (RCT) design with a control group and a five-month follow-up phase. The study population consisted of married individuals residing in Armenia who reported difficulties with emotional regulation and marital adjustment. A total of 30 participants were recruited through purposive sampling from local mental health and family counseling centers. After initial screening and obtaining informed consent, participants were randomly assigned to either the intervention group (n = 15), who received the 10-session Distress Tolerance Program, or the control group (n = 15), who did not receive any intervention during the study period. Inclusion criteria included being legally married for at least two years, aged between 25 and 45, and scoring above the clinical cut-off for distress on the Negative Affect subscale

of the PANAS. Participants with a current psychiatric diagnosis, substance abuse history, or those receiving simultaneous psychological treatment were excluded.

Measures

To assess marital adjustment, the Dyadic Adjustment Scale (DAS), developed by Spanier (1976), was utilized. This widely used self-report instrument evaluates the quality of marital and dyadic relationships across four subscales: Dyadic Consensus, Dyadic Satisfaction, Dyadic Cohesion, and Affectional Expression. The DAS consists of 32 items rated on varying Likert-type scales, depending on the item format, with higher scores indicating greater marital adjustment. The total score ranges from 0 to 151, where scores above 100 typically reflect a well-adjusted relationship. The DAS has demonstrated strong psychometric properties; internal consistency reliability has been reported to be high (Cronbach's alpha > 0.90), and its construct validity has been supported through correlations with related marital functioning constructs. The scale has been validated and applied in numerous cross-cultural and clinical studies, confirming its robustness in different contexts.

Negative affect was measured using the Negative Affect subscale of the Positive and Negative Affect Schedule (PANAS), developed by Watson, Clark, and Tellegen (1988). The PANAS consists of two 10-item subscales that measure Positive Affect (PA) and Negative Affect (NA) separately. Respondents rate the extent to which they have experienced specific emotions (e.g., distressed, upset, guilty, nervous) during a specified time frame using a 5-point Likert scale ranging from 1 ("very slightly or not at all") to 5 ("extremely"). The Negative Affect subscale provides a score ranging from 10 to 50, with higher scores indicating higher levels of negative emotionality. The PANAS has shown excellent internal consistency (Cronbach's alpha typically between 0.84 and 0.90 for NA), good test-retest reliability, and strong convergent and discriminant validity in both clinical and non-clinical samples. It has been widely used in psychological research and is considered a gold standard for assessing affective states.

Intervention

The Distress Tolerance Program used in this study is a structured, skills-based psychological intervention consisting of ten weekly sessions, each lasting 90 minutes. The program draws primarily from the distress tolerance module of Dialectical Behavior Therapy (DBT), tailored to the marital context. Its aim is to equip participants with practical strategies to manage emotional crises, reduce maladaptive responses to marital conflict, and enhance emotional regulation and interpersonal stability. The sessions are conducted in a semi-structured format, combining psychoeducation, guided exercises, role-playing, mindfulness practices, and take-home assignments.

Session 1: Introduction and Psychoeducation

This session introduces participants to the goals, structure, and rationale of the program. The therapist explains the concepts of emotional dysregulation, distress tolerance, and their impact on marital functioning. Participants are educated on the physiological and cognitive aspects of emotional crises and the maladaptive patterns often seen in marital distress. A collaborative group contract is formed, and couples are encouraged to reflect on how distress manifests in their own relationships.

Session 2: Understanding Emotional Crises and Triggers

Participants identify specific triggers of distress and negative affect in their marital interactions. Through guided discussion and worksheet exercises, they map out the emotional and behavioral chain reactions that typically occur during conflict or emotionally intense moments. The session introduces the "ABC" model (Antecedent–Behavior–Consequence) and links it to patterns in their marital communication and affect regulation.

Session 3: Mindfulness and Present-Moment Awareness

This session focuses on developing mindfulness as a foundation for emotional regulation and distress tolerance. Participants are introduced to core mindfulness skills—observing, describing, and participating nonjudgmentally—and engage in guided mindfulness exercises. The role of mindfulness in interrupting reactive cycles during marital tension is emphasized, and couples practice applying mindful awareness during emotionally charged interactions.

Session 4: Radical Acceptance and Reality Validation

This session introduces the concept of radical acceptance—fully acknowledging reality without resistance—as a key component of distress tolerance. Participants are guided through exercises to identify situations in their marital life that are uncontrollable or irreversible and learn how resisting reality intensifies suffering. Techniques such as self-talk, half-smile, and willingness are practiced to foster acceptance in the face of painful emotions.

Session 5: Self-Soothing and Grounding Techniques

Participants learn and practice sensory-based self-soothing techniques to manage overwhelming emotional states. These include visualization, breathing exercises, grounding strategies, and the “5-4-3-2-1” method. The session emphasizes using these tools to de-escalate emotionally charged marital situations before they lead to damaging exchanges. Homework involves creating a personalized distress tolerance toolkit.

Session 6: Crisis Survival Strategies – "STOP", Pros and Cons

The focus shifts to structured crisis survival skills, including the "STOP" skill (Stop, Take a step back, Observe, Proceed mindfully), and using pros and cons to make skillful decisions under emotional pressure. Participants apply these skills to real marital conflict scenarios. Role-playing is used to rehearse alternative responses to situations that typically trigger negative affect or maladaptive behaviors.

Session 7: Improving Interpersonal Effectiveness under Distress

This session integrates distress tolerance with interpersonal skills, teaching participants how to maintain self-respect and relationship effectiveness even when emotionally flooded. Strategies from DBT’s interpersonal effectiveness module (e.g., DEAR MAN, GIVE, FAST) are adapted to spousal communication. Couples practice assertive yet empathetic expression of needs without escalating conflict.

Session 8: Managing Shame, Guilt, and Emotional Vulnerability

This session addresses high-impact emotions—such as shame and guilt—that often intensify marital tension and negative affect. Through group discussion and cognitive reframing exercises, participants learn to normalize these emotions and reduce avoidance or blame-based behaviors. The connection between vulnerability and emotional intimacy in marriage is emphasized.

Session 9: Distress Tolerance in Daily Marital Life

Participants learn how to integrate distress tolerance skills into daily routines and recurring marital challenges. Focus is placed on recognizing early warning signs of emotional dysregulation, preemptive skill use, and collaborative emotional problem-solving. Real-life examples are discussed, and each couple designs a “marital emotional safety plan” for crisis moments.

Session 10: Review, Integration, and Relapse Prevention

The final session is dedicated to reviewing all skills learned, reinforcing their application in various relational contexts, and developing personalized relapse prevention strategies. Couples reflect on their progress, identify remaining challenges, and share insights. The session ends with a symbolic closure activity and encouragement for ongoing skill use to maintain gains.

Data analysis

The collected data were analyzed using SPSS version 27. To assess the effectiveness of the intervention, a repeated measures analysis of variance (ANOVA) was performed to examine the interaction effect between time (pre-test, post-test, and follow-up) and group (intervention vs. control) on marital adjustment and negative affect. The Bonferroni post-hoc test was used to determine pairwise differences across time points within and between groups. The significance level was set at $p < 0.05$. All assumptions for repeated measures ANOVA, including normality, homogeneity of variances, and sphericity, were tested and met.

Findings and Results

Of the 30 participants enrolled in the study, 18 (60.00%) were female and 12 (40.00%) were male. The mean age of participants was 36.47 years (SD = 5.22), with ages ranging from 28 to 44. Regarding educational attainment, 14 participants (46.67%) had a bachelor's degree, 10 (33.33%) held a master's degree, and 6 (20.00%) had completed high school education. In terms of employment status, 21 individuals (70.00%) were employed full-time, 5 (16.67%) were part-time workers, and 4 (13.33%) were unemployed. The majority of participants (76.67%) reported having one or more children, and the average duration of marriage was 9.82 years (SD = 3.17).

Table 1. Means and Standard Deviations for Marital Adjustment and Negative Affect

Variable	Group	Pre-test (M ± SD)	Post-test (M ± SD)	Follow-up (M ± SD)
Marital Adjustment	Intervention	89.47 ± 6.38	106.35 ± 7.41	103.26 ± 7.09
	Control	88.91 ± 5.92	90.32 ± 6.27	89.80 ± 6.01
Negative Affect	Intervention	35.18 ± 4.21	24.70 ± 3.86	26.12 ± 4.09
	Control	34.77 ± 4.03	33.89 ± 4.32	33.47 ± 4.15

Descriptive statistics indicated that the intervention group showed substantial improvements across both dependent variables. The marital adjustment mean score increased from 89.47 (SD = 6.38) at pre-test to 106.35 (SD = 7.41) at post-test and remained relatively high at follow-up (M = 103.26, SD = 7.09). In contrast, the control group exhibited minimal change. For negative affect, the intervention group showed a decrease from a mean of 35.18 (SD = 4.21) to 24.70 (SD = 3.86) post-intervention, with a slight increase at follow-up (M = 26.12, SD = 4.09). Again, the control group's scores remained largely unchanged.

Prior to conducting the repeated measures ANOVA, statistical assumptions were evaluated. The Shapiro–Wilk test indicated that all continuous variables were normally distributed at each measurement point (e.g., marital adjustment at pre-test: $W = 0.967$, $p = 0.402$). Levene's test confirmed homogeneity of variances across groups for both outcome variables (e.g., negative affect at post-test: $F = 1.213$, $p = 0.281$). Mauchly's test of sphericity was non-significant for the within-subjects factor of time ($\chi^2(2) = 2.732$, $p = 0.255$), indicating that the sphericity assumption was met. Therefore, parametric testing using repeated measures ANOVA was deemed appropriate.

Table 2. Repeated Measures ANOVA for Marital Adjustment and Negative Affect

Variable	Source	SS	df	MS	F	p	η^2
Marital Adjustment	Time	2163.27	2	1081.63	28.91	<.001	.52
	Group	2197.64	1	2197.64	58.83	<.001	.68
	Time × Group	2031.48	2	1015.74	27.22	<.001	.51
	Error	2247.11	56	40.13			
Negative Affect	Time	1147.23	2	573.61	30.46	<.001	.53
	Group	1020.16	1	1020.16	54.33	<.001	.66
	Time × Group	989.32	2	494.66	26.26	<.001	.48
	Error	1053.49	56	18.84			

The repeated measures ANOVA revealed significant main effects for both time and group across the two dependent variables. For marital adjustment, there was a significant interaction effect between time and group ($F(2, 56) = 27.22$, $p < .001$, $\eta^2 = .51$), indicating that the intervention group's improvements differed significantly from the control group. Similarly, for negative affect, a strong interaction effect was found ($F(2, 56) = 26.26$, $p < .001$, $\eta^2 = .48$), supporting the effectiveness of the program in reducing negative affect over time.

Table 3. Bonferroni Pairwise Comparisons for Time Effects on Marital Adjustment and Negative Affect (Intervention Group)

Variable	Comparison	Mean Difference	SE	p
Marital Adjustment	Pre-test vs. Post-test	-16.88	2.06	<.001
	Pre-test vs. Follow-up	-13.79	2.13	<.001
	Post-test vs. Follow-up	3.09	1.97	.421
Negative Affect	Pre-test vs. Post-test	10.48	1.52	<.001
	Pre-test vs. Follow-up	9.06	1.49	<.001
	Post-test vs. Follow-up	-1.42	1.28	.278

Bonferroni post-hoc tests confirmed significant reductions in negative affect and improvements in marital adjustment from pre-test to post-test and from pre-test to follow-up (all $p < .001$). However, the differences between post-test and follow-up scores were not statistically significant for either variable (marital adjustment: $p = .421$; negative affect: $p = .278$), suggesting that the effects of the intervention were maintained over time rather than further improved.

Discussion and Conclusion

The present study examined the effectiveness of a structured Distress Tolerance Program on two key psychological and relational variables: marital adjustment and negative affect. The findings demonstrated that participants in the intervention group showed statistically significant improvements in marital adjustment and reductions in negative affect across post-test and five-month follow-up assessments compared to the control group. The use of repeated measures ANOVA confirmed a significant interaction effect between time and group, indicating that the changes observed were attributable to the intervention and sustained over time. These results offer empirical support for the efficacy of distress tolerance training in enhancing relational quality and emotional resilience among married individuals in Armenia.

The improvement in marital adjustment among participants receiving the intervention aligns with previous research emphasizing the role of emotional regulation and tolerance in promoting marital harmony. Couples often experience conflict not merely due to the content of disagreements but due to the inability to manage the accompanying emotional distress (An et al., 2021; Tetik & Alkar, 2024). In this study, participants who underwent the distress tolerance training developed critical skills such as mindfulness, radical acceptance, and emotional self-soothing, which allowed them to remain regulated during emotionally intense interactions. These skills likely facilitated more constructive communication, higher emotional availability, and reduced emotional escalation, all of which contribute to improved dyadic satisfaction and consensus (Ahrari et al., 2020; Bonfils et al., 2018).

The observed enhancement in marital functioning corroborates earlier studies indicating that self-regulation and emotion-focused strategies significantly improve couple dynamics. For instance, An et al. (An et al., 2021) demonstrated that dyadic coping mediates the relationship between psychological distress and marital quality, underscoring the importance of emotion regulation within the spousal context. Likewise, interventions that focus on emotional tolerance have shown to reduce reactivity and promote problem-solving behaviors during conflict (Batool et al., 2023; Kim et al., 2019). By enhancing participants'

capacity to tolerate negative emotions without immediate reaction, the intervention likely created the psychological space necessary for healthier relational exchanges.

Moreover, this study's findings on reduced negative affect in the intervention group provide strong support for distress tolerance as a mechanism for emotional well-being. Negative affect, often marked by irritability, fear, shame, or sadness, can significantly undermine interpersonal relationships and personal functioning (Buckner et al., 2019; Gul et al., 2025). Through structured exposure to distress-inducing scenarios and the cultivation of alternative responses, the intervention group participants learned to experience emotional pain without resorting to maladaptive coping mechanisms such as blame, withdrawal, or emotional outbursts. This aligns with the findings of Khan et al. (Khan et al., 2022), who reported that individuals with higher distress tolerance showed significantly less emotional reactivity and better psychological adaptation.

Furthermore, the lasting improvements observed in the follow-up phase reflect the long-term potential of distress tolerance training in preventing relapse into maladaptive emotional patterns. The sustained gains echo research by Whiteford et al. (Whiteford et al., 2023), who emphasized the protective role of distress tolerance against chronic emotional distress and substance-related risk behaviors. This suggests that distress tolerance not only mediates immediate emotional responses but also has durable effects on individuals' affective baselines. The mindfulness and grounding techniques emphasized in the program may have acted as internalized buffers against situational stressors even after formal sessions ended.

Additionally, the findings align with culturally sensitive literature examining the intersections of distress, gender norms, and marital dynamics. In contexts where emotional suppression and relational obligation are emphasized, individuals—especially women—may internalize emotional pain rather than express it directly, leading to heightened psychological distress (Ainiyah & Nisah, 2025; Umm e & Kamal, 2023). The results of this study, which showed significant reductions in negative affect, support the view that structured emotional skill-building can be an empowering tool for navigating relational expectations and internal conflicts in patriarchal or traditional societies (Fashihullisan et al., 2019; Hasanudin et al., 2024).

The psychological underpinnings of the results may also be explained by distress tolerance's role in modulating the sympathetic nervous system and cognitive appraisal processes. Individuals with poor distress tolerance tend to interpret stressors as overwhelming and permanent, leading to a cascade of affective disturbances (Ecker et al., 2019; Henschel et al., 2021). In contrast, the participants in this study likely began reappraising distressing experiences through a lens of control, impermanence, and manageability, which facilitated both emotional calmness and relational engagement. This aligns with Bonfils et al. (Bonfils et al., 2018), who found that metacognitive self-reflectivity and distress tolerance predicted better interpersonal outcomes even among individuals with psychiatric diagnoses.

It is also notable that distress tolerance serves as a transdiagnostic factor intersecting with other mental health vulnerabilities such as trauma, sexual dissatisfaction, and anxiety—all of which can influence marital quality (Naderian et al., 2023; Tetik & Alkar, 2024). Therefore, the intervention's success likely extended beyond the targeted outcomes of this study. In particular, women in traditional marital arrangements often experience chronic low-grade distress stemming from role overload, emotional invalidation, or conflict avoidance (Gul et al., 2025; Kombat et al., 2023). The skills learned in this program—such as the STOP skill, radical acceptance, and self-soothing—may have provided participants with the means to reduce emotional vulnerability while enhancing their assertiveness and emotional expression.

Furthermore, the intervention's group-based format may have contributed to its efficacy by fostering a shared sense of emotional validation and social support. Emotional pain is often exacerbated by feelings of isolation or abnormality (Dutta et al., 2024; Trang & Ngọc, 2024). The opportunity to share, reflect, and practice skills in a structured yet supportive environment likely mitigated these experiences and fostered communal resilience. Group-based learning also provided participants with

vicarious learning opportunities and the normalization of emotional challenges, both of which are vital in cultures where open emotional discourse is stigmatized (Gupta et al., 2019; Kim et al., 2019).

Taken together, the findings of this study provide robust support for the integration of distress tolerance training in marital and couple-focused therapeutic settings. They validate the notion that many relational conflicts stem not from differences in values or preferences but from differences in the ability to tolerate and process internal distress. By equipping individuals with emotional flexibility and endurance, such programs can transform relational dynamics, reduce emotional volatility, and foster long-term well-being.

While the findings of this study are promising, several limitations must be acknowledged. First, the sample size was relatively small (n = 30), which may limit the generalizability of the results to broader populations. Although randomization was employed, the modest sample restricts the statistical power and may reduce the ability to detect subtle interaction effects or subgroup variations. Second, all participants were from Armenia, and cultural specificity may have influenced the intervention's reception and outcomes. Distress tolerance, as both a psychological construct and a skill set, may be differently understood and valued across cultural contexts, which may limit cross-cultural applicability. Third, the reliance on self-report questionnaires introduces potential biases such as social desirability or inaccurate recall. Participants may have over- or under-reported their levels of distress or adjustment based on personal beliefs or perceived expectations. Fourth, the follow-up period was limited to five months; while this allowed for assessment of short- to mid-term maintenance effects, longer-term studies would be necessary to confirm the durability of gains. Fifth, the study did not include physiological or behavioral measures of emotional regulation, which could have offered objective corroboration of the findings. Sixth, the program was administered in a group format, which may not account for individual variability in skill uptake or relational dynamics. Lastly, the absence of qualitative data limits insight into the personal experiences and contextual interpretations of change among participants.

Future studies should aim to replicate these findings with larger and more diverse populations to enhance the external validity of the results. Longitudinal designs with follow-up periods extending to one year or more would offer insights into the long-term sustainability of distress tolerance skills and their evolving influence on marital functioning. Incorporating mixed-methods approaches could provide richer data, revealing how individuals experience and apply the intervention in their daily lives. Researchers might also explore potential moderators such as gender, attachment style, trauma history, or cultural background to understand for whom and under what conditions the intervention is most effective. Comparative studies evaluating distress tolerance training alongside or integrated with other interventions, such as communication skills or cognitive-behavioral therapy, may illuminate synergistic benefits. Additionally, future work could consider implementing virtual or hybrid delivery formats to increase accessibility and feasibility, particularly in underserved regions.

Practitioners working in the field of marital therapy and couple counseling should consider incorporating structured distress tolerance components into their therapeutic protocols. Training clients in skills such as radical acceptance, emotion labeling, and crisis survival can significantly enhance emotional regulation and improve relational interactions. Group-based formats may be especially beneficial for normalizing emotional experiences and providing peer validation. It is also important to adapt the language and examples in training sessions to reflect cultural values and relational norms, especially in collectivist or traditional societies. Clinicians should monitor clients' emotional readiness and tailor the intensity of exposure to distress tolerance exercises accordingly. Finally, psychoeducation regarding the role of distress in relational dysfunction should be embedded early in treatment to build awareness and motivation for skill development.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adheried in conducting and writing this article.

Acknowledgments

We would like to express our gratitude to all those who helped us carrying out this study.

Authors' Contributions

All authors equally contributed to this study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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