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Effect of mindfulness on psychological distress, emotion regulation and marital satisfaction

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Abstract

The aim of the present research was to study the effect of mindfulness-based stress reduction program on psychological distress, emotion regulation and enhancement of marital satisfaction in women via the quasi-experimental method with pretest-posttest-follow up design with the control group. Results demonstrated that a mindfulness-based stress reduction program had an influence on the improvement of psychological distress ($F=8.65$, $p<0.01$), emotion

regulation ($F=31.39$, $p<0.0001$) and marital satisfaction ($F=19.92$, $p<0.0001$) in married women. In conclusion, Mindfulness training may have beneficial effects for couple therapy and relationship enhancement as well as the psychological distress and emotion regulation.

Keywords: Mindfulness, Stress, Reduction, Psychological, Emotion.

Efecto de la atención plena sobre la angustia psicológica, la regulación de las emociones y la satisfacción conyugal

Resumen

El objetivo de la presente investigación fue estudiar el efecto del programa de reducción de estrés basado en la atención plena sobre el estrés psicológico, la regulación de las emociones y la mejora de la satisfacción conyugal en las mujeres a través del método cuasi-experimental con diseño de prueba previa-posterior-prueba con el grupo de control. Los resultados demostraron que un programa de reducción de estrés basado en la atención plena influyó en la mejora de la angustia psicológica ($F = 8.65$, $p < 0.01$), la regulación de las emociones ($F = 31.39$, $p < 0.0001$) y la satisfacción marital ($F = 19.92$, $p < 0,0001$) en mujeres casadas. En conclusión, el entrenamiento de Mindfulness puede tener efectos beneficiosos para la terapia de pareja y el mejoramiento de las relaciones, así como la angustia psicológica y la regulación de las emociones.

Palabras clave: Mindfulness, Estrés, Reducción, Psicológico, Emoción.

1. INTRODUCTION

Marriage has been described as the most important and fundamental human relationship because it provides the primary structure for establishing a family and influences many aspects of

humans' individual and social life. We all feel the safest, and at times, the most vulnerable in marital and familial relationships, which are our deepest and closest relationships. Being in a satisfying romantic relationship is one of the strongest predictors of life satisfaction and well-being. It also correlates with greater physical health BURPEE & LANGER (2005) and longer lifespan (BAYRAMI ET AL., 2014).

Therefore, educating people in order to have healthier couple relationships within the framework of marital relationship improvement programs prevents marital conflicts from getting worse, increases life satisfaction and improves community's physical and mental health. Improving relationships, even in well-functioning couples, may have important benefits. Development of the ability to overcome challenges in life and more effective child-raising are of the most significant benefits of couple relationship enhancement.

There are multiple programs conducted with the aim of improving marital relationships and a good number of studies support the effectiveness of Couple Relationship Enhancement (CRE) programs (BLANCHARD ET AL., 2009). These effects were recommended as a general prevention strategy to participants with marital satisfaction, and as a selective prevention strategy to those who were prone to relationship conflicts. In recent years and with the emergence of third wave of psychotherapy, mindfulness has been used in therapy and well-being enhancement. It has just recently found its way to the context of marriage and family.

Mindfulness means paying attention to the moment-to-moment experiences, here and now, on purpose and without judgment. In mindfulness therapy, people are taught that instead of denying unpleasant experiences, which are a destructive emotion regulation skill, accept them and be aware of themselves and their reactions to unpleasant experiences. According to studies, higher trait mindfulness is generally associated with lower psychopathology and increased psychological adjustment. Evidence shows that psychological distress of one or both of the couple is a strong predictor of couple relationship distress (BAKHITIARI & ABEDI, 2012).

A characteristic of distressed couple relationships is the inability to regulate negative affect. This inability often prevents successful conflict resolution in the relationships. In other words, the ability to effectively identify emotions and connect to them is associated with higher satisfaction of romantic relationships. Research indicates that mindfulness is correlated with more and better skills in couple interactions, acceptance of the spouse, more empathy and higher marital satisfaction. Furthermore, couple mindfulness practices can help the relationship function better (CARSON ET AL., 2006; SUNGGINGWATI & HAVILUDDIN, 2019).

Research in Iran has also demonstrated correlations between mindfulness and marital satisfaction. Also, the effectiveness of mindfulness-based therapies on the enhancement of marital satisfaction and couple's quality of life BROWN ET AL. (2007) as well as reduction of couples' irrational relationship beliefs has been shown.

However, the mentioned research has studied samples of incompatible couples and applicants for divorce.

Hence, further research deems necessary to investigate the impact of mindfulness on enhancement of marital satisfaction in couples with moderate marital satisfaction as well as prevention of marital dissatisfaction. This especially seems essential about Iranian women, as they have been reported to have lower marital satisfaction than men do. Since mindfulness-based interventions can simultaneously influence intrapersonal and interpersonal factors, the present study aims to answer whether mindfulness-based stress reduction program has any impact on psychological distress, emotion regulation and enhancement of marital satisfaction in women with moderate marital satisfaction and if it can be used as a marital relationship enhancement method (PERES ET AL, 2018).

2. METHOD

The present study used a quasi-experimental method with a pretest-posttest design and control group. The statistical population of the research included every married woman in Tehran in the year 1396. The sample consisted of 60 individuals chosen from eligible applicants. They were then randomly assigned to experimental group (n=30) and control group (n=30). Participants answered the research's questionnaires in three stages before intervention, after intervention and follow up. Mindfulness-Based Stress Reduction Protocol (MBSR): In the present research, Kabat-Zinn's mindfulness-based stress reduction program was used. MBSR consists of

eight 90 to 120 minutes' group sessions. Descriptions of the sessions are shown in Table 1.

Table 1: Descriptions of the sessions

Table 1. Curriculum for Sessions of Mindfulness-Based Stress Reduction	
Session	Contents of Each Session
Session1	Establish orientation of the session and set the rules, raisin exercise to train to be in the present moment, body scan practice, breath focus exercise
Session2	Body scan practice, thought and feeling exercise, pleasant event calendar, mindfulness of routine activity.
Session3	Seeing and hearing exercise, sitting meditation, three-minute breathing space, mindful walking, unpleasant event calendar. Yoga training
Session4	Sitting meditation, Stress: Responding vs. Reacting STOP: One-Minute Breathing Space and Yoga 2
Session5	Sitting meditation, breathing space, reading poems related to mindfulness, introducing the concept of Acceptance
Session6	Mountain Meditation and Lake Meditation, Mindfulness and Communication
Session7	Sitting meditation, Mindfulness and Compassion Lovingkindness Meditation
Session8	Body scan practice, review the whole course, discuss how to keep up what has been developed over the past seven weeks, discuss plans and positive reasons for maintaining the practice.

3. RESULTS

The mean and standard deviation values of participants' age respectively equaled 36 and 9 in the experimental group and 38 and 9

in the control group. The mode of education in both the experimental and control group was Master’s (45% and 40% respectively). The mean duration of marriage was 13 years (SD=10) in experimental group and 15 years (SD=11) in control group. Half of the experimental group and 47% of the control group had two or three children. Results of t-test and chi-square test indicated that the two groups were convergent in above-mentioned variables. Table 2 shows mean and standard deviation values of psychological distress, difficulties in emotion regulation and marital satisfaction variables in three stages of pretest, posttest and follow-up for women in experimental and control groups.

As can be seen in table 2, mean values of posttest and follow-up scores of psychological distress, difficulty in emotion regulation and marital satisfaction are different for experimental and control groups.

Table 2: Means and Standard Deviations of variables in Pre-Post and Follow up

		Pre-MBSR		Post-MBSR		Follow up	
		Mean	SD	Mean	SD	Mean	SD
Psychological Distress	Experimental	17.04	12.82	10.33	10.58	13.17	9.06
	Control	22.17	13.72	23	14.65	18.03	8.85
Difficulties in Emotion Regulation	Experimental	82.64	23.68	64.37	13.31	70.54	18.57
	Control	83.40	25.75	92.15	21.30	84.85	18.30
Marital Satisfaction	Experimental	118	22.87	128	20.30	124.60	17
	Control	125	18.45	121.25	33.19	114.14	20

Repeated measures ANOVA was used to test the significance of these differences. Pretest scores were controlled as a covariant. Mauchly's sphericity test was used to test the assumption of the equality of independent variables' covariance. Results of Mauchly's sphericity test indicated that this index is not significant for all of the three variables. Hence, Sphericity Assumed test was used for further analysis.

Multivariate analysis of variance was performed to test the effectiveness of the intervention on psychological distress, difficulty in emotion regulation and marital satisfaction variables. Table 3 shows that these three variables are significantly different in experimental and control groups.

Table 3: Results of MANOVA showing variables over time

Effect	Source of variance	Value	F	Hypothesis df	Error df	Sig.
Wilks' Lambda	Psychological Distress	0.775	6.69	2	46	0.003
	Difficulties in Emotion Regulation	0.533	20.15	2	46	0.0001
	Marital Satisfaction	0.68	10.80	2	46	0.0001

Results of between-subject and within-subject repeated measures ANOVA for pretest, posttest and follow-up scores of psychological distress, difficulties in emotion regulation and Marital Satisfaction are reported in table 4. Pre-test scores were covariates.

The results indicate that the experimental group has had a significant change over time and this change is significantly different from that of the control group. It means that the intervention has been able to make a significant difference in comparison with control group in at least one the pretest, posttest and follow-up stages.

Table 4: Results of Repeated Measures ANCOVA showing variables over time based on Group

	Psychological Distress	Difficulties in Emotion Regulation	Marital Satisfaction
	F(2,47)	F(2,47)	F(2,47)
Time	3.75*	16.55***	9.64***
Group	8.65**	31.39***	19.92***
Time*Group	5.79**	20.69***	9.64***

*p<.05 , **p<.01, ***p<.0001

For the paired comparison of the three stages, LSD follow-up test was performed to make the impact of intervention in different stages clear. The results are stated in table 5. As it is shown in table 5, intervention has significantly reduced psychological distress in posttest experimental group and this impact was maintained until the follow-up stage.

Table 5: Paired Comparisons of pretest posttest and fallow up scores in variables

Variables	Group I	Group J	Means Diference(I-J)
Psychological Distress	Pre-test	Post-test	2.88*
		Follow	3.92**

		up	
	Post-test	Pre-test	-2.88*
		Follow up	1.04
	Follow up	Pre-test	-3.92**
		Post-test	-1.04
Difficulties in Emotion Regulation	Pre-test	Post-test	4.75*
		Follow up	5.31*
	Post-test	Pre-test	-4.75*
		Follow up	0.56
	Follow up	Pre-test	-5.31*
		Post-test	-0.56
Marital Satisfaction	Pre test	Post test	-3.28*
		Follow up	2.01
	Post-test	Pre-test	3.28*
		Follow up	5.29**
	Follow up	Pre-test	-2.01
		Post-test	-5.29**

* $p < .05$, ** $p < .01$, *** $p < .0001$

As stated in table 4, results of between-subject and within-subject repeated measures ANOVA for pretest, posttest and follow-up scores of difficulty in emotion regulation indicate a significant change in experimental group over time. The observed change is significantly different from that of control group. Results of paired comparison in table 5 show that intervention has made an effect in experimental group in posttest stage and this effect has been maintained until the follow-up stage 4 months later.

In addition, the intervention has significantly changed marital satisfaction variable over time. This change in the experimental group is significantly more than it is in the control group. Results of repeated measures ANOVA for this variable can be seen in table 4. The results of paired comparisons show significant increase in marital satisfaction of posttest experimental group. However, in the follow-up stage their marital satisfaction decreased.

4. DISCUSSION

The aim of the present research was to study the effectiveness of mindfulness-based stress reduction programs on psychological distress, emotion regulation and marital satisfaction in women with moderate marital satisfaction. Based on the findings of this study, mindfulness-based stress reduction program reduced women's psychological distress including anxiety, depression and stress. These results **are** consistent with previous studies e.g. BROWN & RYAN (2003). A way of explaining these results is to reason that constantly reflecting on anxiety-related feelings without judgment or any attempt to avoid or deny them can reduce emotional reactions that are usually provoked by signs of anxiety.

Teasdale, developed mindfulness-based cognitive therapy. He believed that mindfulness training would reduce individuals'

focus on repetitive and ruminative thought patterns, which is a characteristic of depression. Mindfulness skills help the person become aware of their depressive thoughts and focus their attention on other aspects of the present such as breathing, conscious walking or environmental sounds. In doing so, mindfulness reduces rumination. Increased awareness of the present moment is one of the most important skills that are taught in a mindfulness-based stress reduction program. It facilitates cognitive and behavioral flexibility, allows the person to respond more compatibly to situations and reduces compulsive and habitual reactions (BAER, 2003; BISHOP ET AL., 2004).

Furthermore, in the present research, learning mindfulness as a result of participating in a mindfulness-based stress reduction program improved emotion regulation skills in women. Other studies such as Siegel, have supported this finding. Emotions are in fact a set of our physical sensations that come together with thoughts and images. The skill of staying attentive to our physical sensations and paying attention to pleasant and unpleasant feelings that emerge in meditation enables us to explore emotions the way they occur in our bodies. This makes enduring emotions easier and increases the person's capacity to be with them.

Another finding of the present study was the effect of a mindfulness-based stress reduction program on increasing marital satisfaction in women. This finding is consistent with other studies

in this field. People with a higher trait of mindfulness perform better in different psychosocial tests, many of which influence satisfaction of romantic relationships. To explain the effectiveness of mindfulness-based stress reduction programs on enhancement of marital satisfaction in women we can reason that with increasing mindfulness in people, this program makes acceptance of the spouse's challenging behaviors easier. People with more mindfulness are better able to procrastinate judgment when facing difficult experiences and conflicts in relationship. This allows them to encounter their spouse in a constructive manner. Awareness and acceptance processes in mindfulness reduce emotional reactions in interpersonal relationships and results in more positive marital relationships.

In addition, mindfulness improves compassion and empathy, and specifically perspective-taking and empathic concern. Awareness of the experiences that comes with mindfulness increases the capacity for empathy and improves the outcome of the relationship. Mindfulness-based stress reduction program trains people in skills such as breathing meditation, body scan meditation and yoga practices. It teaches them the acceptance of their inner states instead of reacting with automatic and habitual responses and avoiding unpleasant states. Participants learn to practice kindness and compassion towards themselves and others and consequently react better and with more awareness in both intrapersonal and

interpersonal aspects. In the present study, women's marital satisfaction scores decreased in the four months follow-up stage. This indicates that consistent practice is crucial in case of interactive variables. Hence, mindfulness practices need to be done steadily to prevent their effects from vanishing over time and maintain positive outcomes.

The results of this research have important implications in the context of education and enhancement of women's mental health. Women's mental health has a fundamental role in mental health of the family and in turn, community. These results can be used in the planning of premarital educations, family education and enhancement of marital satisfaction and health in spouses. Mindfulness-based interventions make general changes in lifestyle (avoiding the doing style and practicing to be present in every moment of life and experience the being style). Therefore, these interventions have multilateral impacts on individual health, interpersonal relationships and especially healthiness of marital relationships. Hence, using them can substitute other one-dimensional programs or increase their effects.

Our study had limitations. First, the sample group consisted of married women from Tehran with above-average socioeconomic status and was often in the parenting stage of the family life cycle. Therefore, extending their results to other groups and newlywed couples without children should be done cautiously. Furthermore,

absence of spouses in intervention is the other limitation of this study as it could have affected our results. We recommend future studies to take into account other stages of the family life cycle, the effect of this intervention on married men and participation of the couple together in the intervention.

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