

The Mediating Role of Marital Commitment in the Relationship between Early Maladaptive Schemas and Distress Tolerance in Married People in Kerman

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Abstract

Background: Distress tolerance has been observed as an important structure in creating new insights against the onset and persistence of psychological trauma, prevention, and treatment.

Objectives: This study aimed to investigate the role of commitment in the relationship between early maladaptive schemas and distress tolerance in conflicted couples.

Methods: This study was conducted based on a descriptive-correlational method. The study population consisted of married males and females residing in Kerman, Iran. In total, 400 participants (200 females and 200 males) were selected using the cluster sampling method. The data were collected using Simmons Distress Tolerance Questionnaire (2005), Adams and Jones Marital Commitment Questionnaire (1997), and Young's Early Maladaptive Schemas Questionnaire (1990). The obtained data were analyzed in SPSS software (version 22) and Amos software (version 22) using correlation and structural equation analysis.

Results: The results indicated the moderating role of marital commitment in the inverse relationship between maladaptive schemas of three areas of cuts/exclusion, impaired performance, and emotional inhibition with distress tolerance ($P < 0.01$).

Conclusion: It can be concluded that although the areas of early maladaptive schemas reduce distress tolerance and commitment of women, the high level of communication commitment among couples can increase distress tolerance in them.

Keywords: Distress tolerance, Early maladaptive schemas, Marriage, Spouses

1. Introduction

Distress tolerance is defined as the capacity to experience and tolerate negative psychological states (1). Moreover, it has been observed as an important structure in creating new insights against the onset and persistence of psychological trauma, prevention, and treatment (2). In line with the role of distress tolerance in marital life, distress tolerance is defined as a person's ability to experience and endure negative emotional states to achieve the ultimate goal and successfully adapt to marital life despite all the challenges and problems they know (3). Concerning marital life, distress tolerance is considered one of the most important variables in the couples' ability to endure stressful situations that occur in life and can affect couples' marital relationships (4). As for the role of distress tolerance in marital life, it is one of the abilities and skills that can help couples increase adaptability and resolve problems (5). Distress tolerance points to the capacity to experience and resist discomfort (6).

One of the dimensions of marital life is marital commitment, which means how much couples value their marital relationships and how motivated they are to maintain and sustain their marriage. Marital commitment

is the strongest and most stable predictor of the quality and stability of the marital relationship. Accordingly, the role of communication commitment in the relationship between maladaptive schemas and distress tolerance of couples with maladaptive couples is investigated in this study (7).

Early maladaptive schemas are among the variables associated with commitment. In this regard, the results of studies show that early maladaptive schemas formed in childhood and early years of life are largely emotional (8-9). Therefore, it is assumed that these emotional structures affect communication processes, such as marital commitment to a spouse. Research (10) has shown that commitment in spouses is positively correlated with marital stability, satisfaction, expression of love, adaptability, and reduction of marital conflicts. Accordingly, variables, such as schemas of primary relationships can affect interpersonal and marital conflicts and indirectly distort marital adjustment by destroying marriage commitment. As a result, the role of variables, such as marital commitment on distress tolerance and the relationship between maladaptive schemas and distress tolerance is questioned (11).

Considering this question, despite the investigation and report of two-to-two relationships between mingling commitment and distress tolerance in the above studies, there is no report on the mediating role of commitment among early maladaptive schemas and distress tolerance to the extent that the researcher has investigated (12). As mentioned above, in various studies, the role of predictive variables, such as maladaptive schemas and marriage commitment in distress tolerance has been reported separately and directly. However, none of them mentioned the moderating or facilitator role of marital commitment (13). Accordingly, there is a dearth of research in identifying the factors and mediator variables affecting distress tolerance. Moreover, there is a necessity to study the importance of distress tolerance in conflicted couples and its effect on their interpersonal relationships.

As a result, the identification of the main and mediator factors affecting distress tolerance in married couples is more important in this study (14). The importance of investigating the mediating role of marital commitment in the relationship between early maladaptive schemas and distress tolerance is important since it has been identified as determinant variables in distress tolerance (15). According to the above, it can be assumed that commitment and cooperation may play a role in the relationship between early maladaptive schemas and distress tolerance. Based on the relationship between the variables mentioned earlier, this study aimed to investigate the role of commitment in the relationship between early maladaptive schemas and distress tolerance in conflicted couples.

2. Methods

This study was conducted based on a descriptive-correlational method. The study population consisted of married males and females residing in Kerman, Iran. In total, 400 cases (200 females and 200 males) were selected using the cluster sampling method. Regarding the sample size, in the study of structural equations modeling for each obvious variable, 10 to 15 people are needed (16) and based on the variables in this study, 400 cases were required. To obtain a high accuracy of cluster sampling method, the sampling was performed from counseling centers located in the north, south, east, and west areas of Kerman, Iran. The participants were selected from married people referring to the counseling centers in Kerman, Iran, during the second half of 2019.

The inclusion criteria were: 1) being in permanent marriage, 2) being in a marital relationship for at least one-year (to investigate couples' relationships, less than one year of marital relationships cannot be useful), and 3) age range within 20-60 years (the criterion for choosing the age range of 20 to 60 years in couples is that they are not usually couples under 20 years of age, and those who are over 60 are not able to answer the questions). On the other hand, the participants who handed incomplete information and did not respond to all the items of the questionnaire were excluded from the study.

Regarding the ethical considerations, research objectives and procedures were explained to the participants. In addition, written informed consent

was obtained from them, and they were assured of the confidentiality and anonymity of all information since group information analysis was performed in this study. It is worth mentioning that the principle of trustworthiness was observed in all stages of the research from beginning to end, and the participants were given the right to leave the study at any stage.

Distress Tolerance Scale:

This self-assessment index is an emotional dilatation tolerance tool with 15 scales and 4 subscales, which confirms the existence of four factors, namely tolerance, absorption, evaluation, and regulation. The subscales include tolerance (emotional anxiety tolerance), absorption (absorption of negative emotions), evaluation (mental estimation of anxiety), and adjustment (regulating efforts to spoil their peril). The items on this tool are rated on a five-point Likert scale. Scores 1 and 5 indicate "complete" and "no" agreement with the desired option, respectively. Moreover, the subject's minimum and maximum scores on this scale are 15 and 75, respectively, and the high score indicates more tolerance. Alpha coefficients for tolerance, absorption, evaluation, and adjustment were obtained at 0.72, 0.78, 0.70, and 0.82, respectively. It should be mentioned that the corresponding value for the whole scale was determined at 0.82 (17).

Marital Commitment Questionnaire:

This 44-item scale was prepared by Adams and Jones in 1997 to measure three marital commitment dimensions, namely personal, moral, and structural commitment. The items are rated on a five-point Likert scale of completely disagree (1), disagree (2), no opinion (3), agree (4), and completely agree (5). The total score range of the items is between 1 and 220, and the high score indicates high commitment between couples. Cronbach's alpha values of the personal, moral, and structural commitment subscales were obtained at 0.66, 0.76, and 0.78, respectively. Moreover, the Cronbach's alpha of the total questionnaire was determined at 0.87 (18). In the present study, the validity of the scale was calculated at 0.90 using Cronbach's alpha.

Young Schema Questionnaire:

Young's Early Maladaptive Schemas Questionnaire was developed in 1990 and consisted of 75 items that assessed 15 primary maladaptive schemas. Each item is scored on a six-point Likert scale in which score 1 does not apply to me and 6 describes me exactly. In this questionnaire, all five questions measure a schema. The validity of the questionnaire was obtained using Cronbach's alpha for each schema in a range of 0.69 (sacrifice) to 0.83 (for dependency/incompetence) (19). In the present study, the validity of the questionnaire was determined at 0.95 using Cronbach's alpha.

The obtained data were analyzed in SPSS software (version 22) and AMOS software (version 22). Furthermore, inferential analysis was used for the structural equation model and fitting the proposed model based on the Chi-square index, CFI adaptive fitness index, GFI fitness goodness index, AGFI adjusted fitness goodness index, root of mean square error of RMSEA approximation, and residual root of the mean square (SRMR). A p-value less than 0.05 was considered statistically significant.

3. Results

According to the demographic characteristics, the mean age of the participants was obtained at 3.47 ± 3.9

years. Moreover, the mean ages of the females and males were determined at 33 ± 25.9 (age range: 26-50 years) and 36.57 ± 6.76 years (age range: 26-56 years), respectively.

Table 1: Regression values of the mediating role of maladaptive schemas and distress tolerance

Dependent variables		Predicting variable	Estimate	S.E.	C.R.	P
Marital Commitment	<---	Inability to inhibition	-0.155	0.073	-2.122	0.034
Marital Commitment	<---	Other-centered area	0.118	0.069	1.715	0.036
Marital Commitment	<---	Impaired performance area	0.153	0.068	2.244	0.025
Marital Commitment	<---	Scope of Cuts / Exclusion	-0.544	0.125	-4.360	***
Moral commitment	<---	Marital Commitment	1.241	0.100	12.418	***
Emotional inhibition	<---	Inability to inhibition	1.000			
Strict criteria	<---	Inability to inhibition	1.737	0.377	4.604	***
Obey	<---	Other-centered area	1.000			
Sacrifice	<---	Other-centered area	0.360	0.171	2.106	0.035
Involvement	<---	Impaired performance area	0.727	0.074	9.850	***
Failure	<---	Impaired performance area	0.533	0.059	9.071	***
Distress tolerance	<---	Marital Commitment	0.975	0.109	8.980	***
Personal commitment	<---	Marital Commitment	0.774	0.062	12.486	***
Legal obligation	<---	Marital Commitment	1.000			
Distress tolerance	<---	Other-centered area	0.138	0.086	1.611	0.107
Distress tolerance	<---	Inability to inhibition	-0.608	0.109	-5.593	***
Abandonment/ Instability	<---	Scope of Cuts / Exclusion	1.000			
Social Isolation/ Alienation	<---	Scope of Cuts / Exclusion	1.035	0.084	12.368	***
Mistrust/ Mistreatment	<---	Scope of Cuts / Exclusion	1.235	0.084	14.786	***
Flaws/Shame	<---	Scope of Cuts / Exclusion	1.071	0.087	12.376	***
Vulnerability	<---	Impaired performance area	0.738	0.074	10.028	***
Dependence / Incompetence	<---	Impaired performance area	1.000			
Distress tolerance	<---	Scope of Cuts / Exclusion	-0.945	0.179	-5.270	***
Distress tolerance	<---	Impaired performance area	-0.400	0.100	-4.019	***
Emotional deprivation	<---	Scope of Cuts / Exclusion	1.237	.087	14.240	***

According to the regression coefficient results in the table above, it can be observed that most areas have a significant correlation with marital commitment and distress tolerance, except for other areas that have no significant

relationship with distress tolerance. As a result, the research question about the role of marital commitment in the relationship between early maladaptive schemas and distress tolerance receives a positive response.

Table 2. Goodness of fit indicators of model analysis

Statistical Indicator	Indicators	Results
df/ 2χ	2.9	Optimal Fitness
CFI	0.93	Optimal Fitness
RMSEA	0.07	Optimal Fitness
GFI	0.91	Optimal Fitness
IFI	0.93	Optimal Fitness
NFI	0.90	Optimal Fitness
AGFI	0.87	Optimal Fitness
2χ	314	Optimal Fitness
p	0.001	Optimal Fitness

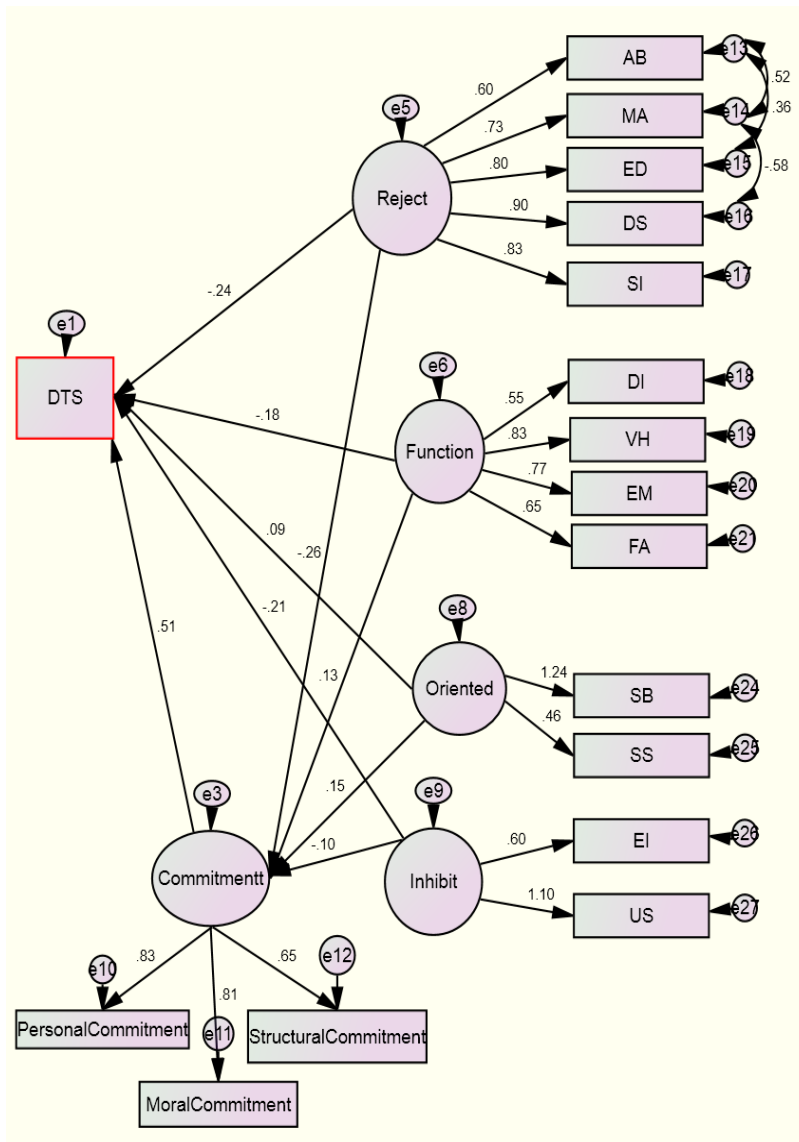


Figure 1: A modified model of the mediating role of commitment in the relationship between early maladaptive schemas and distress tolerance

4. Discussion

This study aimed to investigate the role of commitment in the relationship between early maladaptive schemas and distress tolerance in conflicted couples. The results indicated the moderating role of the marital commitment variable in the inverse relationship between maladaptive schemas of three areas of cuts/exclusion, impaired performance, and emotional inhibition with distress tolerance. Regarding the role of marital commitment in the relationship between early maladaptive schemas and distress tolerance, the reported effect coefficients showed that the effect of gross marriage commitment on distress tolerance was positive. In comparison, the direct effect of three areas of early maladaptive schemas on distress tolerance was inverse. Moreover, the effect of maladaptive schemas of the two areas of cuts/exclusion and impaired inhibition on the commitment of remaining was negative. This means that by increasing maladaptive schemas, distress tolerance and marriage commitment of married people decrease. While the commitment of intermingling between maladaptive schemas and distress tolerance showed

a moderating role. Accordingly, it can be concluded that the stress commitment variable reduces the negative effect of early maladaptive schemas on distress tolerance. Accordingly, the final model of the research was graced after eliminating the area of impaired limitation and controlling some schemas in the field of cuts/exclusion. This amount of correlations was statistically significant. It can be said that early maladaptive schemas through commitment have an indirect effect on distress tolerance.

Consequently, based on this effect, it can be said that the research question of whether marital commitment has a significant role in the relationship between maladaptive schemas and distress tolerance receives a positive response since early maladaptive schemas affect the distress tolerance of married people inversely and also have a negative effect on marital commitment. However, women's commitment due to high strength and positive effect on distress tolerance reduces the negative effect of early maladaptive schemas. Furthermore, the negative effect of this indirect effect on marriage commitment can be that maladaptive schemas can reduce distress tolerance in married

people by destroying confidence, security, empathy, and loyalty among couples that guarantee good relationship quality (20).

This finding is in line with the results of the studies conducted by Pascoe (21) in which marital commitment is the strongest and most stable predictor of marital relationship quality. The results indicate the role of marital commitment in the relationship between maladaptive schemas and distress tolerance among married people. According to the above findings, schemas reduce distress tolerance by reducing marital commitment. In explaining the indirect effect of maladaptive schemas through marital commitment on distress tolerance, it can be argued that reducing the commitment of marriage in people with early maladaptive schemas in the field of cuts/exclusion (e.g., abandonment, mistrust, and alienation) can be formed since the assumption of people with cuts/exclusion schemas is their need for security, stability, affection, empathy, empathy, acceptance, and acceptance (22).

Therefore, according to these schemas, they will never trust others and their spouses. As a result of this uncertainty, personal or marital commitment to the spouse will not be formed. In this case, when there is no moral, structural, and personal commitment to the spouse, it leads to marital dissatisfaction and marital infidelity. It plays a role in creating subsequent marital life problems and reducing distress tolerance. Lack of commitment between couples has a destructive role due to negative social and psychological consequences on job life, lifestyle, and even living. As a result, it can reduce the distress tolerance of couples. Therefore, from a positive point of view, it can be said that committing to marriage plays an important role in stabilizing and succeeding in marriage because the commitment of married people contributes to the quality of the relationship and is positively associated with marital satisfaction. In contrast, lack of commitment in marital relationships or dissatisfaction with marital relationships reduces distress tolerance (7). In this way, marital dissatisfaction can reduce couples' obligations and endanger distress tolerance on the other hand (23).

Finally, in explaining the moderating role of the marriage commitment, it can be said that schemas, such as abandonment, mistrust, alienation, shame, entitlement, and inadequate self-control have shown a negative correlation with marriage commitment, thereby reducing marital commitment. However, a high level of marital commitment can reduce maladaptive schemas' negative effect on distress tolerance in married couples, and the dominance of maladaptive schemas leads to a reduction in distress tolerance.

Nonetheless, if a communication commitment between couples has been formed, it can increase distress tolerance to problems. Accordingly, it can be said that women's commitment plays a moderating role in the effect of early maladaptive schemas on married distress tolerance (24).

This study suffers from some limitations due to couples' special conditions with marital distress, such as the inability to generalize findings to other couples in other cities. Furthermore, data collection using questionnaires was another limitation of the study. Therefore, it is suggested that other tools, such as interviews, be used in future stud-

ies in addition to questionnaires. Moreover, self-reporting is one of the tools used by research limitations. In future research, more objective tools with less bias concerning the subject's opinion should be used.

5. Conclusion

It can be concluded that although the areas of early maladaptive schemas reduce distress tolerance and commitment of women, the high level of communication commitment among couples can increase distress tolerance in them.

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