

TOLERANCE FOR DISAGREEMENT, PSYCHOLOGICAL DISTRESS AND QUALITY OF LIFE AMONG MARRIED COUPLES

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ABSTRACT

This study was conducted to assess the association between tolerance for disagreement, psychological distress, and quality of life among married couples. In the current study, the correlational research design was used and a total of 200 married couples were selected through a purposive sampling technique from Faisalabad city. The following scales were used to measure the variables under investigation; Tolerance for Disagreement Scale, Kessler Psychological Distress Scale, and World Health Organization Quality of Life Scale. The data was analyzed through the Statistical Package for Social Sciences (SPSS, 23). Results indicated that there was a significant negative relationship between psychological distress and quality of life among married couples. Tolerance for disagreement was a significant predictor of quality of life and Psychological distress. The findings of the current study verified all three hypotheses which were accepted at $P < .01$ level. This research fulfills the literature gap and it can also be helpful to psychotherapists for couple and marriage counseling and developing several therapeutic strategies.

Keywords: Tolerance for Disagreement, Quality of life, Psychological Distress, Marriage

INTRODUCTION

Marriage, a cornerstone of family life for many, plays a vital role in society. It provides companionship and purpose, contributing significantly to personal fulfillment. The happiness shared between partners is paramount for a successful marital union, encompassing various essential aspects of life (Lucas *et al.*, 2008). Marriage stands as one of the most crucial decisions individuals will ever face, marking a pivotal life event. It intertwines challenges with joys, particularly when compatibility is lacking. Yet, discovering a compatible partner can be a profoundly enriching journey. United by legal, religious, and ethical ideals, a man and a woman embark on the journey of matrimony, seeking stability and happiness. Given life's unpredictability, marriage emerges as one of humanity's most profound partnerships (DiMatteo,

2004).

The ability to engage in discussions with individuals who hold differing beliefs without becoming agitated is termed "tolerance for disagreement" (McCroskey & Teven, 1998). Mishandled disagreements or arguments can escalate into hostility. Tolerance for disagreement, as described by Lesthaeghe & Surkyn (1988), involves the capacity to openly explore diverse perspectives without feeling intimidated or personally attacked, thereby preventing minor issues from escalating. Respectful participants in debates are more open to considering new viewpoints, although not everyone possesses this skill. Understanding how individuals approach conflict resolution, particularly for those who are highly extroverted or introverted (Richmond *et al.*, 2005), can help prevent arguments from devolving

into verbal aggression. Partnerships geared towards deeper understanding often require a willingness to test one's patience and tolerance. This reflects a readiness to respect your partner's need for space, rather than expecting them to accommodate your behavior. Men frequently prioritize status and material possessions over internal qualities, exhibiting lesser adaptability but greater sociability compared to women. Luo et al. (2008) found no statistically significant differences in happiness levels between husbands and wives. Unfortunately, even in fulfilling relationships, partners may struggle to tolerate each other's quirks, acknowledging the ever-changing nature of life. They grasp the importance of flexibility and are open to evolving alongside changing circumstances (Ross, 1995). The level of tolerance requires a certain emotional maturity. Tolerance among members fosters a more peaceful society. Finding another element that holds as much weight and presence as tolerance does can be challenging (Jazy, 2012).

Marriage is often perceived as a journey filled with joy, fulfillment, and satisfaction at the outset; however, for some, it can turn into a nightmare, causing discontent, dashed hopes, and despair. Experts have made ongoing efforts to identify the factors that lead a marriage from high expectations to disillusionment. Similarly, they have sought elements that foster healthy unions. The researcher argues that happy couples are less susceptible to being adversely affected by mental distress and life-altering events due to their close bond. Several studies have consistently demonstrated that early factors have predictable effects on future marriages (Halford et al., 2003). These early indicators can be classified into four distinct types based on their origin: genetic, individual, environmental, and social (Busby et al., 2001).

Psychological distress refers to unpleasant emotions or feelings that an individual experiences when overwhelmed, significantly impacting daily activities (Cuijpers et al., 2009). Marital satisfaction tends to be higher among partners who perceive each other as sources of strength and rely on their relationship to alleviate emotional and mental strain. Subsequent research has focused on the effects of significant life stressors such as divorce, job loss, and the loss of a loved one, as well as daily stressors such as concerns about family relationships or health issues. These

common stressors are more detrimental to mental health than sudden changes in circumstances (Bookwala, 2005). Until recently, most studies on the effects of marital dysfunction on psychological distress were conducted with young adults. There is evidence suggesting that the unique perspectives and expectations of older couples can mitigate the more detrimental effects of stress. Several studies have examined couples to determine whether one partner's low mood triggered depression in the other. This appears to be the case, at least for some elderly couples (Whisman & Baucom, 2012). Disagreements between partners are an inevitable aspect of married life. Communication breakdowns occur in every social setting. Improved conflict management can result in better relationships that might otherwise be strained, or it can lead to increased clarity about challenging issues and more effective ways of resolving them. For example, "Existing divorce laws facilitate the process of marital dissolution for couples (O'Neill, 2016).

In recently weddings, couples often resemble those who, instead of resolving their differences and developing tolerance for each other, may opt for separation and move on. Mental distress, characterized by negative emotional states stemming from stressful life situations, often leads to despair. Some individuals may find it challenging to endure adversity and maintain their usual routine when faced with these emotions. The severity of distress and sadness can vary from mild to severe depending on the difficulty of the situation. Consequently, mental health conditions such as depression and anxiety are frequently used interchangeably with psychological problems (Carr & Springer, 2010).

Researchers have presented various theories to explain the significant differences in how men and women conceptualize marital stress, including factors such as gender role dynamics and interpersonal exposure. According to the Cook & Kenny (2005), Individuals in a relationship where one partner consistently experiences higher-than-average stress may find themselves in a challenging situation. Both partners face the risk of damaging the relationship if they express their frustrations simultaneously. However, if one partner is suffering and does not receive support, the other partner is more likely to feel betrayed. Couples must decide whether to communicate some

variation of what is happening in their lives, considering all these potential outcomes (Bodenmann, 2008). Moreover, stress is interactive, so if the one partner may suffering then the other also prone the effect other in the marriage as a unabridged (in positions of spousal stress) (Bodenmann, 1997: Bodenmann, 2008). One partner perceives the other's distress as personally or martially troubling influences the expression and extent of support. Stress and conflicts in a marriage can be detrimental to the mental and physical well-being of both partners (Carr & Springer, 2010).

Quality of life assesses an individual's ability to function physically, emotionally, and socially within their environment, meeting their expectations (Bowling, 2001). Here, we examine the positive and negative habits that define the well-being of individuals and communities. Several factors contribute to an individual's overall satisfaction with life, and this study considers them all (Bachman et al., 2014). Various factors, including global progress, health, politics, marriage, and the job market, contribute significantly to people's quality of life. Analyzing the connections between health and quality of life forms the basis of health-related quality of life comparisons.

Quality of life (QOL) is socially defined in terms of worldviews, values, expectations, and interactions, according to the World Health Organization (Badr et al., 2010). Marriage constitutes a central aspect of the family structure, and when both partners are happy in their marriage, the entire family benefits (Shobeiri et al., 2016). There is mounting evidence that the quality of your marriage impacts your health even when you are apart. A successful marriage, for instance, can pave the way for its members to achieve meaningful experiences such as exploring the world and forming important connections with others. The quality of these benefits grows over time (Bradburn, 1969).

The happiness of a married couple is gauged by their level of harmony. Recently, this factor has been recognized as one of the most significant indicators of marital development and longevity (Barzegar & Samani, 2016). As it is a multifaceted concept involving various aspects of marital relationships such as flexibility, satisfaction, happiness, unity, and commitment, the attributes of marital relations play a crucial role in assessing the quality of family connections overall. The aim of this research is to enhance understanding of how

different factors influence and ultimately determine marital satisfaction, providing a foundation for theories in this area. Decreasing positive marital sentiments such as satisfaction, commitment, and trust has been associated with higher divorce rates (Saeedpoor et al., 2019). This research aimed to learn more about the couple's dynamics and to highlight potential points of friction that can be resolved to enhance the couple's quality of life. Additionally, we are interested in exploring the potential roles of demographic factors and mental distress. A review of the relevant research led us to the conclusion that dictatorship contributes to a decrease in marital happiness (Whisman, 2007). Therefore, after reviewing the literature, the researcher formulated the following hypotheses for this research study;

H1: There would be significant relationship between the tolerance for disagreement, psychological distress and quality of life in married couples.

H2: Tolerance for disagreement would be significant predictor of quality of life.

H3: Tolerance for disagreement would be significant predictor of Psychological distress.

RESEARCH METHODOLOGY

Research Design

This study employed a correlational research design.

Sampling Strategy

The sample was obtained through using purposive sampling strategy.

Participants

In present study, the sample N=200 (n=100 men, n=100women) of married couples were gathered from different places of Faisalabad city.

INSTRUMENTS

Demographic Form

A sheet was used to obtain the basic demographic information from research participants including gender, age, number of siblings, birth order, occupations of both husband and wife, duration of marriage, as well as educational and monthly family income.

Tolerance for Disagreement Scale (TFD)

The tolerance for disagreement scale is a tool that may be used to determine the level of tolerance present in a married pair. There are 15 items in total. On a scale from 1 to 5, participants are prompted to choose the response that most accurately reflects the extent to which they concur that the topic pertains to them. In response category, 5 is for "Strongly Agree," 4 is for "Agree," 3 is for "Undecided," 2 is for "Disagree," and 1 is for "Strongly Disagree." The Scoring of TFD is divided in two steps. In step-1, add up your totals for each of the following categories: 1, 2, 5, 7, 8, 14, and 15. And in step 2, add together the points you received for the following categories: 3, 4, 6, 9, 10, 11, 12, and 13. 3. Carry out the operations outlined in the formula below: $TFD = 48$ plus the total of Step 1, minus the total of Step 2, and so on. The scores higher than 46 indicate a high level of TFD. Scores lower than 32 suggest a low level of TFD. The presence of moderate TFD is indicated by scores between 32 and 46 (McCroskey&Teven, 1998).

Kessler Psychological Distress Scale (K10)

The K10 scale consists of a total of 10 questions, each of which has a response scale that ranges from one to five levels. As a quick screening tool, the measure can be used to identify different levels of distress. Each item receives a score between one and five, with one representing "none of the time" and five representing "all of the time." The total score is then determined by adding up the points earned on each of the 10 things, with a low possible score of 10 and a high possible score of 50. If you have a low score, it indicates that your degree of psychological anguish is low, and if you have a high score, it indicates that your level of psychological distress is high (Kessler et al., 2002).

World Health Organization Quality of Life (WHOQOLS)

This version of Quality of Life Scale (QOLS) consists of a total of 26 questions. A profile is generated by the WHOQOL-Brief (Field Trial Version) that includes four domain scores as well as two questions regarding an individual's overall assessment of quality of life and health. The scales point in a constructive direction, with higher scores suggesting a higher quality of life, and they signal this positively. Before scoring can be done, three items on the WHOQOL-Brief need to have their answers switched around. They can be found in this

table, where the Direction of scaling column contains the notation "(reverse)" to indicate their position (WHOQOL, 1998).

Procedure

Firstly, the research topic was approved by the departmental and university research committees then permission was obtained from original authors of the instruments. The participants were approached at their comfortable places and they were informed about the aim of the study as well as their willingness to participate in the study. After that data was collected from the participants and they were also debriefed after data collection regarding their feelings about questions. When the data collection process was completed then this raw data was analyzed through Statistical Package for Social Sciences (SPSS, v26). The hypotheses were tested, and the results and discussion were reported that was followed by limitations and suggestions.

Statistical Analyses

The data was analyzed using SPSS (v26) to compile the results. The both descriptive and inferential statistics were used in this study. In descriptive statistics, frequencies, percentages, mean and standard were used for collected sample. In addition, inferential statistics, the Pearson Correlation and Regression Analysis were used to test the study hypotheses.

Ethical Considerations

In this study, all ethical considerations were followed precisely, ensuring that only individuals who met the eligibility criteria and expressed a desire to participate were included. Detailed information was provided regarding the potential benefits and drawbacks of participation, the security measures in place for their data, and their ability to withdraw their consent at any time.

RESULTS AND DISCUSSION

Table 1

Demographic Characteristics of the Sample (Frequencies & Percentages)

Variables	N	%
Gender		
Female	100	50%
Male	100	50%
Duration of marriage		
5-15	108	54%
16-25	54	25.5%
26-35	24	12%
36-45	15	7.5%

46-60	2	1%
Education		
Under matric	43	21.5%
Matric	51	25.5%
Intermediate	22	11%
Graduation	34	17%
Master & Above	50	25%
Occupation		
Private Job	70	35%
Government Job	11	5.5%
Business	57	28.5%
Labourer	2	1%
Housewife	60	30%
Children		
0-3	159	79.5%
4-6	37	18.5%
7 & Above	4	2%
Family Setup		
Joint	111	55.5%
Nuclear	89	44.5%

Table 1 show that half of the respondents were female, which shows that 50% and 50%, were male. The respondents' marriage duration was divided into five categories, the individuals with 5-15 years of marriage duration were 54%, 16-25 years 25.5%, 26-35 years 12%, 36-45 years 7.5% and individuals with 46-60 years of marriage duration was only 1% of the whole sample. The educational information was also divided into five categories: under matric, matric, intermediates, graduation, and master & above degree. The participants under matric were 21.5%, matric 25.5%, intermediate 11%, graduates 17%, and individuals with master & above degrees were 25% of all respondents. The research participants belonged to various occupations such as 70 (35%) people were doing the private job, 11 (5.5%) individuals were government job holders, 57 (28.5%) were involved in business, 2 (1%) people were laborers and 60 (30%) females were housewife. The above table shows the information about having children. The 159 (79.5%) respondents have 0-3 children, 37 (18.5%) respondents have 4-6 children and only 4 (2%) respondents have 7 & above children. Furthermore, the research participants were also divided according to family set up as a joint and nuclear family system. The 111 respondents have a joint family system which is

55.5% and 89 respondents have a nuclear system which is 44.5% of the whole sample size.

Table 2
Cronbach's Alpha for the Research Measures.

Variables	α	Items
Tolerance for Disagreement	.74	15
Quality of Life	.90	28
Psychology Distress	.79	10

In Table 2, Cronbach's alpha values of research measures have shown a significant level. The scale of Tolerance for disagreement has Cronbach's alpha value of 0.74, the Quality of life scale is 0.90, and the Psychological distress scale shows a value of 0.79. Looking into the individual values of each of variable, it is evident that the data presents the strong reliability reflected through Cronbach's Alpha value.

Table 3
The Correlation between Study Variables; Tolerance for Disagreement, Quality of Life and Psychology Distress (N=200).

Variables	1	2	3
1 Tolerance for Disagreement	-	.280**	-.147*
2 Quality of Life		-	.330**
3 Psychology Distress			-

Note: * = $p < .05$, ** = $p < .01$

The above table depicts the correlation between the study variables. The correlation of QOL with TFD is positive and highly significant ($r = .280^{**}$, $p < .01$). Moreover, the correlation of PD is negative and highly significant with QOL ($r = -0.330^{**}$, $p < .01$) and significant negative with TFD ($r = -.147^*$, $p < .05$).

Table 4
Summary of Simple Linear Regression Analysis with TFD and QOL

Predictor	R	R ²	F	Sig.
TFD	.280	.08	16.891	.000

Note: *** = $p < .001$, Independent Variable = Tolerance for disagreement (TFD), Dependent Variable = Quality of Life (QOL)

Table 5
Coefficients for Simple Linear Regression Analysis with TFD and QOL

Model	B	SE B	T	Sig
Constant	2.134	.251	8.501	.001
TFD	0.290	0.071	4.110	.000

Tables 4 & 5 demonstrated the results of Simple Linear Regression Analysis to test if Tolerance for disagreement would be a significant predictor of quality of life. The results reveal that the predictor explained 08% variation ($R=.280$, $F=16.891$, $p<.001$). The analysis found that Tolerance of disagreement is a significant predictor of quality of life. However, the Result of Simple regression shows that there is a significant relation between independent (Tolerance for disagreement) and dependent variable (quality of life).

Table 6
Summary of Linear Regression Analysis with Tolerance for Disagreement and Psychological Distress

Predictor	R	R ²	F	Sig.
TFD	.147	0.22	4.352	.038

Note: $*=p<.05$, Dependent variable= Psychological Distress (PD)

Table 7 *Coefficients for Linear Regression Analysis with Tolerance for Disagreement and Psychological Distress*

Model	B	SE B	T	Sig
Constant	2.907	.125	23.237	.000
TFD	.117	.056	2.086	.038

Tables 6 & 7 demonstrated the results of simple linear regression analysis to test if Tolerance for disagreement would be a significant predictor of psychological distress. The results reveal that the predictor explained 22% variation ($R=.147$, $F=4.352$, $p<.05$). The analysis found that Tolerance of disagreement is a significant predictor of psychological distress. However, the result of Simple regression shows that there is a significant relation between independent (Tolerance for disagreement) and dependent variable (Psychological distress).

DISCUSSION

The purpose of this study was to examine the perceptions of happy couples regarding quirks and how they deal with disagreements. It was ranked as the most important factor in this study because the

participants saw it as fundamental to their experience of tolerance inside their marriages. Participants' relationships began with feelings of love and affection, were maintained through the participants' ability to respect one another, and persevered through disagreements and conflicts through respectful, positive meetings. The results lent further credence to this component. The skill of respectful communication is invaluable when it comes to working through disagreements in a long-term partnership. Current research showed that marital quality of life is negatively correlated with psychological distress. The current research shows that for young married couples in Pakistan, academic confidence is a crucial factor in the adaptation process. For the 200 married people who participated in this study, having patience during their marriage was a significant element of their life together because it fostered "love and understanding for the couple and family." The individuals initiated their romantic partnership; were encouraged to practice love and self-respect; and ultimately succeeded in doing all three. Relationships and disagreements are resolved, and fair treatment is provided for all parties. The ethics committee has given its stamp of approval to this project. This aspect was not uncovered by earlier studies. The disputes between partners may become more common as a result of the modern cultural shift toward valuing women's autonomy. The increasing focus on gender parity is a result of modern society's shift away from traditional gender roles. Every member of the family needs to have empathy and the ability to work together, but married couples, in particular, need to have these traits. According to religious beliefs, the tasks and responsibilities within a family have been organized such that each member is responsible for deciding how those roles and responsibilities should be divided up. The first hypothesis of the current study was that "based on the relationship of study variables. Table 3 shows the association between the variables under investigation. The correlation of QOL with TFD is positive and highly significant ($r = .280^{**}$, $p<.01$), Moreover, the correlation of PD is negative and highly significant with QOL ($r= -0.330^{**}$, $p <.01$) and a significant negative relationship with TFD ($r= -.147^{*}$, $p<.05$). The prior studies shows that affiliation constancy and the ability to disagree were initiate to explanation for more difference in

people's understanding of psychological distress than any other single factor in their quality of life. However, even when the quality of life played a role, this result held. While some research suggests that it is detrimental to married couples' relationships, other studies have shown unrelated negative impacts (Fokkema et al., 2012). Physiological studies examining factors like blood pressure, heart rates, skin reactions, and hormone fluctuations also corroborate the link between healthy marriage and happiness (Brown, 2000).

The second hypothesis of this study was that "the tolerance for disagreement would be a significant predictor of quality of life. The findings of the Simple Linear Regression Analysis are shown in Tables 4 and 5, where it is shown that the predictor explained 08% of the variation ($R=.280$, $F=16.691$, $p<.001$). According to the analysis, quality of life is significantly predicted by tolerance for disagreement. Regression analysis results indicated that the second research hypothesis was approved. Tolerance might also entail adopting a "let's agree to disagree" attitude when it comes to divisive subjects. It is not necessary to support or endorse actions or viewpoints that are contrary to one's values and morals in order to practice unthinking tolerance. To put it simply, it means that everyone must consent to regard and respect another person's feelings on any given subject. When all parties have spoken their opinions and it is clear that none of them wants to change their stances, this is typically the most cooperative solution: tolerant disagreement (Kalliath et al., 2011).

When a couple exhortations from escapes personal tasks and works together to handle household and personal responsibilities, an intimate bond is formed. Islamic tradition holds that the greatest way to deal with difference in social interactions is to practice tolerance. According to social exchange theory, people bring varying perspectives and expectations about their responsibilities to partnerships. In the early stages of a relationship, it's possible that a couple won't discuss their differences, but as time passes and the bond gets stronger, arguments may get tense. The degree to which each partner is willing to overlook the other's mistakes plays a significant role in the happiness of the pair. If partners can forgive one other for the past, they can find a way to get back together (O'Neill et al., 2016).

The third hypothesis of the present research was that "the tolerance for disagreement would be a significant predictor of psychological distress. Tables 6 & 7 demonstrated the results of Simple Linear Regression Analysis which reveals that the predictor explained 22% variation ($R=.147$, $F=4.352$, $p<.05$). The analysis found that Tolerance of disagreement is a significant predictor of psychological distress. Family life is only one area where the effects of psychosocial stress can be profound. One component of stress and mental health that doesn't get enough attention is how single individuals handle it. This study looks at the impact of unfair treatment in relationships and the degree to which these rewards contribute to marital satisfaction in order to gain a better understanding of how psychosocial stress may affect people outside of the home (Hochschild & Ann, 1989). Poor life quality is linked to a higher incidence of anxiety and mood disorders, as well as the detrimental effects of alcohol abuse and substance abuse, which may be somewhat explained by the negative effects of psychological discomfort. In certain individuals, there may be a higher occurrence of health issues due to maladaptive depressive symptoms. While emotional neglect ratings were a stronger predictor of health than marriage quality, our meta-analysis of studies on the relationship between depression and marriage revealed that depression was a more frequent independent predictor of health than marriage quality (Whisman & Baucom, 2012).

Conclusion

This research investigated the relationship between married couples and their quality of life by assessing their tolerance for dispute, psychological distress, and overall quality of life. The purpose of the study was to discover the nature of this connection. The results indicate that there is a significant negative relationship between psychological distress and quality of life among married couples. Furthermore, the tolerance for disagreement is a significant predictor of quality of life and psychological distress in married couples.

Limitations and Suggestions

The researcher observed several limitations, primarily due to a lack of financial resources, resulting in the sample being collected from only one city in the Punjab province. Therefore, the

findings cannot be generalized to the entire population. Participants aged 25 years and above took part in this study. Another limitation of this study is that it was conducted within a restricted timeframe. Young married couples below age of 25 years must include in future studies because we can learn about the tolerance for disagreement, psychological distress, and quality of life among those people who are too young and face early marriages. If appropriate funds and reasonable time should be provided to the researchers it can increase the authenticity and implementation of the results in our daily life.

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