IJBMC International Journal of Body, Mind and Culture

Volume 11, Issue 6, pp 242-248
DOI: 10.61838/ijbmc.v11i6.937

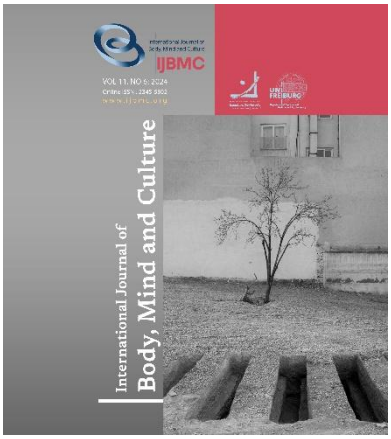
Article type:
Original Research

Effectiveness of Mindfulness-Based Stress Reduction (MBSR) on Marital Satisfaction and Distress Tolerance in Women with Premature Menopause

Elahe. Geraeeli Moshkabadi[1], Mahsa. Fallahnezhad[2*]

1 Assistant Professor, Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran.
2 M.A., Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran.

Corresponding author email address: fnmahsa7@gmail.com



Article history:

Received 18 July 2024
Revised 25 October 2024
Accepted 29 October 2024
Published online 10 December 2024

How to cite this article:
Geraeeli Moshkabadi, E., & Fallahnezhad, M. (2024). Effectiveness of Mindfulness-Based Stress Reduction (MBSR) on Marital Satisfaction and Distress Tolerance in Women with Premature Menopause. International Journal of Body, Mind and Culture, 11(6), 242-248.

ABSTRACT

Objective: This study aimed to evaluate the effectiveness of MBSR in enhancing marital satisfaction and distress tolerance among women with premature menopause.

Methods and Materials: A quasi-experimental design with pre-test, post-test, and control group was used. Thirty women aged 35–45 with confirmed premature menopause were selected via purposive sampling from healthcare centers in Sari, Iran. Participants were randomly assigned to an experimental group (n = 15) or a control group (n = 15). The intervention group received eight 90-minute sessions of MBSR over four weeks. Marital satisfaction was measured using the ENRICH Marital Satisfaction Scale, and distress tolerance was assessed using the Distress Tolerance Scale (DTS). Data were analyzed using MANCOVA after verifying statistical assumptions.

Findings: After controlling for baseline scores, the MBSR group showed significantly greater improvements in marital satisfaction and distress tolerance compared to the control group ($p < 0.01$). These effects remained stable at one-month follow-up.

Conclusion: MBSR appears to be an effective intervention for addressing emotional and relational difficulties associated with premature menopause. Its integration into psychological services for women's health may support emotional resilience and interpersonal functioning.

Keywords: Mindfulness-Based Stress Reduction, Premature Menopause, Marital Satisfaction, Stress, Women's Health.

Introduction

Menopause is a gradual process that occurs in many women between the ages of 47 and 55, marked by the cessation of menstrual cycles for 12 consecutive months without any physiological or pathological factors. During this transition, women enter a new phase of life, experiencing a variety of symptoms and complications. Epidemiological studies indicate that nearly 65 to 85 percent of women, with an average age of 51, experience early menopausal symptoms, including hot flashes, decreased libido, vaginal dryness, anxiety symptoms such as irritability, insomnia, memory weakness, and lack of energy (Chedraui et al., 2024; Shojaian et al., 2024; Yadollahi et al., 2024). These symptoms impact various aspects of life, including work, social activities, leisure, sleep, mood, concentration, interpersonal relationships, sexual activity, life satisfaction, and overall quality of life (Horst et al., 2025).

One of the aspects affected by menopause in women is distress tolerance. Distress tolerance can be defined as an individual's ability to self-report experiencing and enduring negative emotional states or as the ability to persist in goal-directed behavior despite experiencing emotional distress (Rahmani et al., 2018; Timajchi et al., 2025). In other words, it is the resilience against unpleasant internal states caused by stressors, which is also associated with various psychological disorders (Leyro et al., 2010).

Another important variable influenced by premature menopause is marital satisfaction. Marital satisfaction refers to the alignment between an individual's expectations from married life and their experience (Madanes, 2024). It represents the efficiency of the marital system and is one of the most critical factors determining family functioning. It is also a key predictor of the longevity of a marriage. However, divorce rates, which serve as a valid indicator of dissatisfaction in marital relationships, highlight that marital satisfaction is not easily achieved but requires effort from both spouses (McDaniel et al., 2017).

For this reason, therapeutic interventions aimed at improving marital satisfaction are essential. One such intervention that has recently gained attention is mindfulness therapy. Mindfulness is a non-judgmental awareness that helps individuals observe and accept emotions as they arise. Through mindfulness exercises and techniques, individuals develop moment-to-moment awareness of their thoughts, feelings, and physical sensations, thereby reducing the automatic tendency of the mind to dwell on the past or future (Haji-Adineh et al., 2019; Omidi & Talighi, 2017; Rahmani et al., 2018; Timajchi et al., 2025). This study aims to evaluate the effectiveness of mindfulness therapy in improving marital satisfaction and distress tolerance among women experiencing premature menopause.

Methods and Materials

Study Design and Participants

This study employed a quasi-experimental design with a pre-test, post-test, and control group. The aim was to evaluate the effectiveness of Mindfulness-Based Stress Reduction (MBSR) on marital satisfaction and distress tolerance in women with premature menopause.

The study population consisted of women aged 35 to 45 years who had experienced premature menopause (before the age of 45) and were referred to comprehensive health service centers in Sari, Iran. Participants were selected using purposive sampling based on inclusion criteria and then randomly assigned to either the intervention group (n = 15) or control group (n = 15) using a computer-generated randomization list. Inclusion criteria were: (1) diagnosis of premature menopause by a gynecologist, (2) age between 35–45 years, (3) minimum education level of high school diploma, (4) married and cohabitating with a spouse, and (5) willingness to participate in the full course of the intervention. Exclusion criteria included: (1) current use of psychiatric medication, (2) history of severe psychiatric disorders, and (3) prior participation in mindfulness or cognitive-behavioral therapy in the past year.

Participants completed the questionnaires at three time points: before the intervention (pre-test), immediately after the final session (post-test), and one month after the intervention (follow-up). Data collection was conducted in person under the supervision of the research team.

Instruments

1. Enrich Marital Satisfaction Questionnaire: This self-report scale, developed by Enrich (1989), consists of 15 items rated on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Each item has a unique scoring method based on its content, with higher scores indicating greater marital satisfaction. The minimum possible score is 15, while the maximum is 75. This questionnaire evaluates two subscales: Idealistic Distortion (Items: 1, 4, 6, 9, 13) and Marital Relationship Satisfaction (Items: 2, 3, 5, 7, 8, 10, 11, 12, 14, 15). Items 2, 5, 8, 9, 12, and 14 are reverse-scored. The Persian adaptation of this questionnaire was validated by Arabdoosti et al. (2014), reporting a Cronbach's alpha reliability of 0.74 (Razazan, 2025; Sarhammami et al., 2024).

2. Distress Tolerance Scale (DTS): This 15-item self-report scale, developed by Simons & Gaher (2005), measures distress tolerance on a five-point Likert scale (1 = strongly agree to 5 = strongly disagree). Higher scores indicate greater distress tolerance, while Item 6 is reverse-scored. The scale has demonstrated high

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reliability, with a Cronbach's alpha of 0.93 and test-retest reliability of 0.61 (Timajchi et al., 2025).

Intervention

The intervention protocol consisted of an eight-session Mindfulness-Based Stress Reduction (MBSR) program developed by Kabat-Zinn's (1992) standardized framework, delivered to the intervention group over four weeks in twice-weekly sessions lasting 90 minutes each (Kabat-Zinn, 2014). The sessions were conducted by a certified clinical psychologist trained in MBSR and focused on core mindfulness practices, including body scan, sitting meditation, mindful breathing, and mindful movement. Each session emphasized cultivating present-moment awareness, fostering non-judgmental acceptance, and enhancing emotional regulation skills. Session content progressed from introducing mindfulness concepts (e.g., the "raisin exercise" and automatic pilot awareness) to more advanced practices such as the three-minute breathing space and integrating mindfulness into daily life. Homework assignments, such as pleasant experience tracking and daily formal/informal mindfulness practices, reinforced in-session learning. The protocol encouraged self-exploration of thoughts and feelings, recognition of cognitive patterns (e.g., "thoughts are not facts"), and mindfulness-based self-care strategies. Meanwhile, participants in the control group did not receive any psychological intervention during the study period. Still, they were placed on a waitlist to receive the same MBSR training after the final data collection phase.

Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics (mean, standard deviation) were calculated for demographic and outcome variables. The assumptions of normality (via Shapiro-Wilk test), homogeneity of variance (Levene's test), and linearity were checked and met. Multivariate analysis of covariance (MANCOVA) was used to assess the differences between groups, controlling for baseline scores. A significance level of $p<0.05$ was used for all inferential analyses.

Findings and Results

Table 1 summarizes the demographic characteristics of the participants in both experimental and control groups. Chi-square tests showed no significant differences between groups in age distribution, education level, or employment status, indicating that the groups were homogeneous at baseline.

Table 1

Demographic Characteristics of Participants

Variable	Category	Experimental (n = 15)	Control (n = 15)	χ^2 / t	p-value
Age (years)	Mean ± SD	40.33 ± 3.56	39.80 ± 4.02	t = 0.38	0.706
Education Level	High school or below	6 (40%)	5 (33%)		
	Diploma	5 (33%)	6 (40%)	χ^2 = 0.40	0.818
	University degree	4 (27%)	4 (27%)		
Employment Status	Employed	7 (47%)	6 (40%)	χ^2 = 0.14	0.710
	Unemployed	8 (53%)	9 (60%)		

The Kolmogorov-Smirnov test shows that the data follows a normal distribution, while the alternative hypothesis states that the data does not follow a normal distribution. In general, the assumption of homogeneity of variances examines whether the samples were drawn from populations with equal variances. If this assumption is met, the data obtained from these two samples can be combined to derive an unbiased estimate of population variance. To assess variance homogeneity, Levene's test for equality of error variances was used. Based on the significance level (Sig) obtained, we can determine whether variances are homogeneous or not. If Sig > 0.05, the variances are equal; otherwise, they are not equal. Means and standard deviations for marital satisfaction and distress tolerance across the three time points are presented in Table 2.

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Table 2

Means and Standard Deviations for Outcome Variables

Variable	Group	Pre-Test (M ± SD)	Post-Test (M ± SD)	Follow-Up (M ± SD)
Marital Satisfaction	Experimental	129.53 ± 12.80	143.87 ± 10.92	142.93 ± 11.26
	Control	130.13 ± 11.94	131.07 ± 12.08	130.60 ± 11.84
Distress Tolerance	Experimental	28.60 ± 5.19	36.20 ± 4.47	35.93 ± 4.60
	Control	28.93 ± 4.90	29.33 ± 5.06	29.20 ± 4.82

Given the values p= 0.078 and F(3, 141120)= 2.27, the Box's test for homogeneity of dispersion matrices is not significant. This indicates that the observed covariance matrices of the quantitative variables in the study (i.e., marital satisfaction and distress tolerance) are equal across the control and experimental groups. The multivariate test revealed a significant overall effect of group on the combined dependent variables after controlling for pre-test scores: Wilks' Lambda = 0.29, $F(2, 25) = 30.72$, $p<0.001$, Partial $\eta^2 = 0.71$ (Table 3).

Table 3

Summary of Analysis of Covariance (ANCOVA) for Marital Satisfaction and Distress Tolerance

Variables	Source	SS	df	MS	F	p
Marital Satisfaction	Pre-Test	1203.40	1	1203.40	28.40	< .001
	Group	1392.30	1	1392.30	32.87	< .001
	Error	1101.20	26	42.35		
Distress Tolerance	Pre-Test	815.20	1	815.20	23.86	< .001
	Group	938.70	1	938.70	27.47	< .001
	Error	888.60	26	34.18		

The results indicate that there is a significant effect between the two groups ($p<0.001$). In other words, a significant difference exists between the post-test marital satisfaction scores of women with premature menopause in the experimental group and the control group. Therefore, based on the results, it can be concluded that mindfulness therapy has a significant effect on marital satisfaction and distress tolerance in women with premature menopause. Bonferroni-adjusted pairwise comparisons were conducted to examine within-group changes across time points in the experimental group.

Table 4

Bonferroni Post Hoc Results (Experimental Group)

Variable	Comparison	Mean Difference	p-value
Marital Satisfaction	Pre vs. Post	+14.34	< 0.001
	Post vs. Follow-Up	–0.94	0.872
Distress Tolerance	Pre vs. Post	+7.60	< 0.001
	Post vs. Follow-Up	–0.27	0.926

The results of the Bonferroni post hoc test indicate a significant difference in marital satisfaction and distress tolerance between the control and experimental groups in the pre-test and post-test. These results suggest that the effects of the intervention were sustained at one-month follow-up with no significant reduction in scores after treatment.

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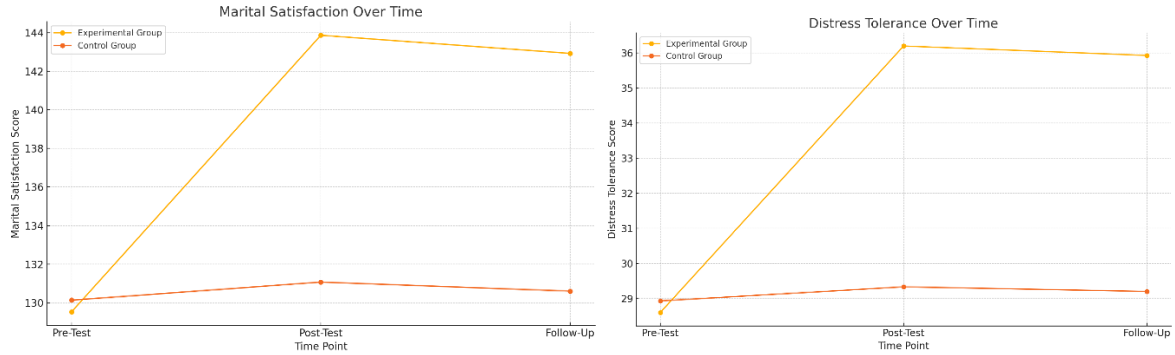
Figure 1

Changes in Marital Satisfaction and Distress Tolerance Scores Across Pre-Test, Post-Test, and Follow-Up in Experimental and Control Groups



Discussion and Conclusion

The results indicated that mindfulness therapy has a significant and positive effect on marital satisfaction and distress tolerance in women with premature menopause. This finding aligns with the results of previous studies (Barnes et al., 2007; Ismaeilzadeh & Akbari, 2019; Jones et al., 2011; Koçyiğit & Uzun, 2024; Madani & Hojati, 2015; Nikooei et al., 2019; Omidi & Talighi, 2017; Ramezani et al., 2022; Shoghi et al., 2023; Smedley et al., 2021; Tardast & Changi, 2021), which demonstrated that mindfulness has a significant effect on marital adaptation and satisfaction. Additionally, it is consistent with prior studies (Abbasi et al., 2023; Aghili et al., 2024; Seyed Ali Tabar & Zadhasn, 2023; Shoghi et al., 2023; Talayry & Bavi, 2023; Zareei et al., 2024) which found that mindfulness significantly affects distress tolerance.

In explaining this finding, it can be stated that the goal of mindfulness training, unlike traditional cognitive therapy, is not to change the content of thoughts but rather to establish a different perspective on thoughts, feelings, and emotions. This approach involves maintaining full and moment-to-moment attention along with an accepting and non-judgmental attitude. This therapeutic method reduces irrational emotional vulnerabilities and sensitivities in stressful situations. Overall, the main mechanism of mindfulness appears to be attention control because repeatedly focusing attention on a neutral stimulus, such as breathing, creates a regulated attentional environment. Consistent with this finding, Kabat-Zinn (2005) asserts that mindfulness techniques provide an opportunity for meditation, leading to increased muscle relaxation, reduced worry, stress, and anxiety.

Moreover, one of the key components of mindfulness training, emphasized in the intervention sessions, was patience. Patience is the ability to endure difficulties while maintaining a sense of calm and self-control. This involves not only understanding that things unfold in their own time but also cultivating a personal attitude that allows one to tolerate perceived disappointments related to current achievements. Additionally, mindfulness enhances body awareness and self-monitoring, which may lead to improved bodily mechanisms and self-care. Similar to traditional relaxation training, mindfulness meditation is associated with increased parasympathetic activation, which can result in deep muscle relaxation, reduced tension and arousal, and ultimately increased distress tolerance.

Mindfulness may also protect individuals from mood dysfunction, which is common among menopausal women and is linked to stress and increased cognitive coping strategies such as positive reappraisal and enhanced emotional regulation skills like distress tolerance. Based on the content of mindfulness sessions, the core focus of this program is on applying techniques to reduce stress and enhance self-awareness. Letting go of resistance and accepting the present situation without judgment is the fundamental concept of mindfulness. This approach provides individuals with personalized coping strategies for stress, which can ultimately improve distress tolerance and marital satisfaction.

The geographical scope of the study was limited to health centers in the city of Sari. The time frame of the

study was restricted to the year 2024. The duration of the mindfulness training was relatively short. To fully master these skills, continued practice and repetition are necessary. All participants were women with premature menopause residing in Sari, which limits the generalizability of the findings to other populations. Uncontrollable environmental and family-related factors, as well as issues related to participant attendance, completion of assignments, and lack of long-term follow-up, posed challenges.

Self-efficacy and self-control beliefs should be strengthened to help women with premature menopause develop adaptive emotional regulation strategies. Women with premature menopause should receive necessary education about the positive and negative impacts of premature menopause on marital quality. Encouraging social cooperation and participation among women with premature menopause can enhance social interactions, collective participation, and emotional well-being, leading to reduced stress and increased marital satisfaction. Women with premature menopause should accept their imperfections and avoid perfectionism, setting realistic life goals to improve marital satisfaction. Workshops on positive psychology should be conducted to promote mental well-being, effective communication skills, and awareness of personal needs and how to respond to them for women with premature menopause.

Counselors and psychologists working in health centers should hold training sessions to educate women on emotion regulation strategies and teach effective techniques for enhancing distress tolerance. Informational brochures should be developed to raise awareness about the effects of premature menopause and stress management strategies, and they should be distributed to the target population. Psychological interventions should be integrated with medical treatments in the treatment process for women with premature menopause. Specialized clinics should organize mindfulness-based training programs to help women with premature menopause benefit from its positive effects. A meta-analysis should be conducted on this therapy method to include studies from articles and theses, allowing for a deeper understanding of the relationship between the research variables. Future studies should compare the effects of mindfulness therapy across different regions of the country. Future researchers should incorporate integrative therapy approaches, such as Acceptance and Commitment Therapy (ACT) and Positive Psychology Interventions, in their studies.

Acknowledgments

The authors express their gratitude and appreciation to all participants.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

By 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.

Authors' Contributions

All authors equally contribute to this study.

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