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Research Paper

Impact of Life Skills Training on Distress Tolerance, Quality of Life, and Marital Conflicts in Married Students

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ABSTRACT

Background: Life skills are developed through practice, preparing one to navigate challenges and improve mental, social, and health abilities.

Objectives: This research was aimed to evaluate the impact of instructing life skills such as empathy, problem-solving, and communication on distress tolerance, quality of life, and marital issues among couples from Shiraz.

Materials & Methods: This experimental design with a pre-test post-test setup along with a control group was conducted on married students enrolled at Shiraz Azad University in the first half of the year 2024. Thirty individuals were selected purposefully based on specific criteria to participate in the study and randomly allocated to the experimental and control group. The experimental group received life skills training across 10 sessions, weekly lasting 90 minutes. Data was collected using marital conflicts questionnaire, the SF-36 questionnaire (SF-36), and the distress tolerance scale (DTS). ANCOVA was employed using SPSS software, version 26 .

Results: There was a statistically significant difference in the emotional distress tolerance component between the experimental and control groups (F=9.518, P=0.005). Statistically significant difference in the components Reduced cooperation (F=20.333; P=0.001), Increased support on the part of the children (F=17.52; P=0.001), Decreased family relations with the spouse's relatives and friends (F=18.59; P=0.001), and Separation of financial affairs from each other (F=6.21; P=0.022). there was a statistically significant difference in the components of physical functioning (F=4.790, P=0.037), general health (F=12.802, P=0.001), Social functioning (F=6.703, P=0.015) and Emotional well-being (EW) (F=5.813, P=0.023) between the experimental and control groups.

Conclusion: The findings indicated that life skills training improves distress tolerance and quality of life while reducing marital conflicts among students, suggesting it can effectively enhance marital relationships.

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Introduction

A successful marriage is a crucial milestone in personal growth, blending love and responsibility for fostering family relationships [1]. It serves as a source of human emotions, security, peace, and the growth of the family institution [2]. More crucial than marriage and family formation in the Islamic lifestyle is the durability, dynamism, and quality of marriage, which influences individual and social aspects of the couple's life and the family's overall efficiency [3]. Many clinical experts today assert that marital conflicts, a natural outcome of individual differences, are an inevitable aspect of cohabitation. The key factors are the intensity of the conflict and how it is perceived and managed [4]. Marital conflicts can undermine shared life, resulting in reduced intimacy, sexual satisfaction, and relationship quality, ultimately leading to emotional and formal divorce [5]. When two people marry, they envision their life together, often with differing expectations and desires, some of which are fulfilled while others are not. Such differences in beliefs, values, needs, and daily habits are natural, as all relationships encounter conflict and misunderstanding [6]. Conflict is a natural part of intimate relationships, including marriage, as couples engage in diverse interactions that can lead to disagreements. Thus, quality of life is a significant factor in marital conflicts.

Marital conflict, satisfaction, emotional closeness, and decision-making agreement all influence the quality of life [7]. Quality of life is a crucial variable that reflects an individual's physical, psychological, and social well-being and satisfaction with life. It encompasses each person's perception of their overall happiness and contentment in various life aspects. This multifaceted and relative concept varies over time and is shaped by personal and societal values related to physical, psychological, and social health [8]. Quality of marital life is the dynamic interaction between couples that significantly reduces conflict. It encompasses happiness, satisfaction, agreement, contentment, compatibility, and coherence, all of which contribute to the enduring nature of the relationship [9]. A higher quality of life enables individuals to pursue their goals and fosters optimism, self-efficacy, activity, energy, and physical well-being [10]. Consequently, families that cultivate a higher quality of family life tend to perform better across various facets of family life and are better equipped to manage challenges and stressors [11].

Individuals with low distress tolerance find emotions intolerable and struggle to cope. They often deny their feelings, experiencing shame and distress from believing they cannot manage them. Furthermore, they actively avoid negative emotions and quickly suppress them when they arise [12]. Distress tolerance refers to an individual's capacity to endure negative emotional states, influencing their judgment and assessment and playing a crucial role in the development and persistence of mental disorders, as well as in prevention and treatment. Individuals with low distress tolerance experience intense emotional turmoil, diverting their focus from other issues while attempting to manage their distress. Consequently, reduced emotional distress tolerance can lead to maladaptive stress responses [13]. Activity-based distress tolerance predicts self-care thoughts; higher distress tolerance correlates with better health and problem-solving abilities [14].

Behavioral science experts believe a life skills training program is one of the most effective programs in helping individuals lead better and healthier lives [15]. Life skills refer to a collection of abilities that assist individuals in effectively managing conflicts and challenging situations. These skills empower individuals to respond positively and adaptively to various aspects of life, including interactions with others, societal norms, cultural influences, and surroundings, ultimately benefiting their mental well-being [16]. Participation in life skills training promotes a drive towards adopting healthy behaviors and influences individuals' self-perception and how others view them, leading to enhanced self-esteem [17].

In simpler terms, teaching these skills to couples helps build a sense of self-sufficiency, the ability to problem-solve, adapt to challenges, plan effectively, adjust goals when facing setbacks, and respond appropriately to issues [18]. Life skills such as managing emotions, understanding others' feelings, being self-aware, bouncing back from difficulties, solving problems, speaking up for oneself, controlling anger, thinking critically, making decisions, communicating effectively, managing stress, and enhancing adaptability and positive behavior in individuals, are viewed as a way to prevent mental health issues [19]. Teaching life skills is essential for enhancing the psychosocial capabilities of couples, enabling them to effectively manage conflicts and life situations while fostering positive interactions with others and promoting mental well-being. Through the practice of life skills, individuals can strengthen or modify their attitudes, values, and behaviors. A study by Hahlweg et al. found that life skills training for German couples before marriage led to improvements in marital satisfaction, agreement,

problem-solving abilities, and positive communication behaviors [20]. However, a subsequent four-year follow-up study by Markman and Halog revealed that couples who underwent life skills training did not show significant differences in marital adjustment compared to the control group [21].

Given the issues and inconsistencies in research proposals, coupled with the rapid pace of recent advancements and changes, the intricate network of human communication and swift social and cultural transformations have led to various challenges for mental health, quality of life, and relationships among couples and family members. Consequently, providing life skills training on cohabitation and marriage is essential and crucial. This training can significantly decrease the divorce rate when implemented accurately. It is important to highlight the impact of life skills such as empathy, problem-solving, and effective communication on distress tolerance, quality of life, and marital conflicts among couples. With that in mind, the primary focus of this research is to explore whether life skills, including empathy, problem-solving, and effective communication have an impact on couples' ability to cope with distress, their quality of life, and the conflicts they experience in their relationships in city of Shiraz.

Materials and Methods

The research conducted in this study was an experimental design with a pre-test-post-test setup along with a control group. The target population for this research consisted of married students enrolled at Islamic Azad University, Shiraz Branch in the first half of the year 2024. This study employed a purposive non-random sampling technique. Thirty individuals with the highest scores on the marital conflict questionnaire (MCQ) were selected and divided randomly into experimental and control groups (n=15 individuals for each group). The required sample size was determined a priori using a power analysis conducted with G*Power software, version 3.1.9.7. Based on an alpha level (α) of 0.05 and a desired statistical power of 0.95, and effect size=0.8, the analysis indicated that a minimum total of 30 participants, with 15 participants in each group, would be sufficient to detect a statistically significant treatment effect.

The researcher randomized the participants after receiving their consent, and assigned them to the groups using a coin toss method. Prior to the intervention, a pre-test was conducted for both the experimental and control groups.

The inclusion criteria were being married for over three years, experiencing marital conflicts, scoring higher than 126 on MCQ [22], holding at least a bachelor's degree, being in good physical and mental health, and expressing a willingness to be part of the research. It is important to mention that the exclusion criteria encompassed missing two training sessions, not completing required tasks, and unforeseen events like a family member. Unforeseen events, like a family member, refer to unexpected and sudden occurrences involving a family member that can impact someone's life or situation such as sudden illness or accident of a family member, death, or serious injury of a family member. Initially, couples experiencing issues in their marriage were pinpointed. Once the volunteers were identified, they were given marital conflict and those who scored over 126 were chosen. Subsequently, these individuals underwent a clinical interview to confirm the existence of marital conflicts. Finally, 30 individuals with the highest scores on the questionnaire were selected and divided randomly into experimental and control groups (15 individuals in each group) (Table 1). The life skills training protocol involved providing the experimental group with ten 90-minute sessions over two months. The training package was created based on UNICEF syllabi [20].

Data collection instruments

Marital conflicts questionnaire (MCQ): A 54-question instrument was prepared by Sanaei, Barati, and Boustanipour to evaluate the conflicts between husbands and wives [22]. It measures 8 dimensions of marital conflicts including reduced cooperation, reduced sexual relation, increased emotional reactions, increased support on the part of the children, increased individual relation with relatives, decreased family relations with the spouse's relatives and friends, separation of financial affairs from each other and decreased effective relations [22]. Respondents to the questions had been prepared on a 5-point scale (always=5 to never=1). The maximum score of each subscale equals the number of its questions multiplied by 5. In this questionnaire, higher scores indicate greater conflicts [22]. The reliability of the questionnaire was reported as 0.96 via the Cronbach's α method on a 270-member group. Its 8 subscales were reported 0.81 for reduced cooperation, 0.61 for reduced sexual relation, 0.70 for increased emotional reactions, 0.33 for increased support on the part of the children, 0.86 for increased individual relation with relatives, 0.89 for decreased family relations with the spouse's relatives and friends, 0.71 for separation of financial affairs from each other and 0.69 for reduced effective relations [22].

Table 1. Content of educational sessions in the intervention group

Sessions		Content
1st	Introduction	The importance of life skills-changes and life skills-changes and adaptation-practical exercises and homework for the next session
2nd	Empathy	Empathy and psychological peace-empathy and personality development-methods of empathy and the effects of empathy in life - homework for the next session
3rd	Empathy	Empathy and psychological peace-active listening-reflecting feelings-how to criticize-methods of empathy and the effects of empathy in life
4th	Problem solving	The concept of the problem and the importance of problem solving in life-homework for the next session
5th	Problem solving	Problem solving techniques and teamwork to solve a hypothetical problem
6th	Effective communication	The importance of effective communication in life-conversation and active listening-homework for the next session
7th	Effective communication	Effective communication techniques-body language-clear expression
8th	Skill combination	The relationship between empathy, problem solving and effective communication
9th	Challenges and barriers	Identifying challenges in using skills-group discussion about obstacles and solutions
10th	Evaluation and conclusion	Reviewing the material and evaluating learning-writing a personal plan to continue strengthening skills

SF-36 questionnaire (SF-36): The SF-36 consists of 36 questions and 8 components (i.e. physical functioning (PF), role impairment due to physical health (RP), pain (P), general health (GH), energy/fatigue (EF), social functioning (SF), role impairment due to emotional health (RE), and emotional well-being (EW). It has a minimum score of 0 and a maximum score of 100 divided [23]. Content validity (CVI=0.95, CVR=0.89) of the questionnaire was desired according to Brazier et al. and the total test reliability was 0.85 [24]. Cronbach's α of this questionnaire was 0.82 in our work.

Distress tolerance scale (DTS): One of the tools used in this study was the DTS. Developed by Simons and Gaher (2005), this self-report measure assesses an individual's ability to tolerate distress [25]. The scale consists of 15 items and four subscales: Emotional distress tolerance, absorption in negative emotions, cognitive appraisal of distress, and regulation of efforts to alleviate distress. Items on the scale are rated on a 5-point Likert scale (1=strongly agree, 5=strongly disagree). The minimum and maximum possible scores are 15 and 75, respectively. Higher scores on this scale indicate greater distress tolerance. The DTS exhibits satisfactory internal consistency, as evidenced by a Cronbach's α coefficient of 0.77 [26]. Azizi verified the reliability of the DTS, reporting a CVI of 0.96 and a CVR of 0.93. The study found the DTS had good internal consistency, with a Cronbach's α of 0.80 [12].

Statistical analysis

Descriptive statistics were used to summarize demographic characteristics, pre-test and post-test scores. The Kolmogorov-Smirnov test was applied to evaluate the normality of distribution in both groups. To compare post-test means between groups while controlling for pre-test scores, an analysis of covariance (ANCOVA) was conducted, with statistical significance set at $P<0.05$. Levine's test was employed to assess the equality of variance, and the Box's M was used to examine the homogeneity of the covariance matrices. Data were analyzed using SPSS software, version 26.

Results

Participants were 60% female and 40% male. The Mean±SD of intervention and control group was 25.67±0.77 and 27.93±0.96 years, respectively. Table 2 summarizes demographic characteristics between the two groups. There was no significant difference between the two groups in terms of demographic variables.

Comparison of pre-test and post-test scores of the constructs between the two groups are presented in Table 3. there were significant difference between the two groups in reduced sexual relation, increased emotional reaction, and Separation of financial affairs from each other at baseline. Therefore, appropriate ANCOVA analysis was conducted to adjust for baseline values.

Table 2. Comparison of the demographic status of the sample in the experimental and control groups

Demographic Variables		Group		P
		Intervention	Control	
Age	Mean±SD	25.67±0.77	27.93±0.96	0.35
Gender	Female	9	9	0.66
	Male	6	6	
Educational level	Bachelor's degree	6	4	0.74
	Master's degree	10	10	

The ANCOVA results in Table 4 showed a statistically significant difference in all components of Absorption in negative emotions, Cognitive appraisal of distress, and Regulation of efforts to alleviate distress between the experimental and control groups (P<0.05), with the exception of the component of emotional distress tolerance, where the difference was not statistically significant (F=3.878, P=0.061). According to the eta squared values, a small effect size was observed for the components of absorption in negative emotions, cognitive appraisal of distress, and regulation of efforts to alleviate distress, indicating that the intervention had a small effect on the participants' performance in these variables. Similarly, the results in Table 4 showed a statistically significant difference in all components of Reduced cooperation, Reduced sexual relation, increased emotional reactions, Increased support on the part of the children, Increased individual relation with relatives, decreased family relations with the spouse's relatives and friends, separation of financial affairs from each other, and decreased effective relations between the experimental and control groups (P<0.05). The F value for the components included Reduced cooperation was F=20.333, reduced sexual relation was F=16.74, increase emotional reactions was F=17.70, increased support on the part of the children was F=17.52, increased individual relation with relatives was F=16.82, decreased family relations with the spouse's relatives and friends was F=18.59, Separation of financial affairs from each other was F=6.21, and for decreased effective relations was F=15.17. According to the eta squared values, a small effect size was observed for the components, indicating that the intervention had a small effect on the participants' performance on these variables. Based on the results, there was a statistically significant difference in the components of PF (F=4.790, P=0.037), GH (F=12.802, P=0.001), SF (F=6.703, P=0.015) and EW (F=5.813, P=0.023) between the experimental and control groups (P<0.05), but there was no statistically significant difference between the groups in the components of RP, P, EF and RE. (P>0.05) According to the eta squared values, a small effect size was observed for the components, indicating that the intervention had a small effect on the performance of the participants in these variables.

Discussion

The current study revealed an obvious impact of life skills training on distress tolerance, quality of life, and marital conflicts among married students in Shiraz. A significant difference was observed between the experimental and control groups regarding distress tolerance components, including the absorption of negative emotions, mental appraisal of distress, and efforts to regulate distress. These results indicate that life skills training has effectively enhanced the distress tolerance of couples. This finding is consistent with findings from Brendel et al. [27], Divanbeigi et al. [28], Ghajari et al. [29], Araghian et al. [30], and Jamali et al. [31]. This can be attributable to life skills teaching, which integrates cognitive and positive psychology. This education emphasizes that adverse events and feelings don't determine happiness; instead, managing these challenges affects individual well-being [27]. Becky is a key advocate for the life skills training principle of time, which emphasizes that individuals can find peace and concentration in both quiet and noisy environments, allowing them to connect with their emotions [27-31].

Learning life skills enhances self-awareness of strengths and weaknesses, encouraging individuals to improve upon their weaknesses and develop their strengths. This self-awareness contributes to greater distress tolerance. Additionally, stress management training equips individuals with effective strategies for addressing everyday challenges and stress [7, 15]. Enhancing problem-man-

Table 3. Comparison of pre-test and post-test scores between the two groups

Variables	Phases	Mean±SD		P (Between-group)
		Intervention Group	Control Group	
Emotional distress tolerance	Pre-test	5.33±1.34	5.60±1.40	0.336
	Post-test	7.26±1.09	6.80±1.56	0.028
	P (within-group)	0.034	0.640	-
Absorption in negative emotions	Pre-test	6.66±1.17	6.40±1.29	0.434
	Post-test	7.60±1.05	6.46±1.18	0.267
	P (within-group)	0.006	0.338	-
Cognitive appraisal of distress	Pre-test	12.80±1.56	12.86±1.95	0.728
	Post-test	14.46±1.64	13.46±1.72	0.068
	P (within-group)	0.056	0.286	-
Regulation of efforts to alleviate distress	Pre-test	6.13±1.35	6.46±1.45	0.536
	Post-test	8.00±1.51	6.60±1.12	0.318
	P (within-group)	0.034	0.640	-
Physical functioning	Pre-test	63.60±1.12	62.90±1.13	1.000
	Post-test	64.86±1.35	63.80±1.26	0.034
	P (within-group)	0.014	0.667	-
Role impairment due to physical health	Pre-test	68.80±1.32	68.80±1.32	1.000
	Post-test	68.60±1.50	68.66±1.49	0.904
	P (within-group)	0.735	0.803	-
Pain	Pre-test	62.46±2.03	62.86±1.50	0.545
	Post-test	62.20±1.85	62.06±1.71	0.839
	P (within-group)	0.751	0.248	-
General health	Pre-test	62.067±1.580	62.133±1.642	0.911
	Post-test	64.40±1.12	62.40±1.80	0.001
	P (within-group)	0.001	0.701	-
Energy/fatigue)	Pre-test	63.80±0.86	63.73±0.88	0.836
	Post-test	63.67±1.04	63.66±0.97	1.000
	P (within-group)	0.653	0.855	-
Social functioning	Pre-test	63.80±1.01	63.73±0.79	0.843
	Post-test	65.13±1.06	64.20±0.86	0.013
	P (within-group)	0.003	0.110	-

Variables	Phases	Mean±SD		P (Between-group)
		Intervention Group	Control Group	
Role impairment due to emotional health	Pre-test	60.200±1.52	59.533±1.35	0.216
	Post-test	60.333±1.67	60.400±1.68	0.914
	P (within-group)	0.858	0.066	-
EW	Pre-test	63.800±1.08	63.867±1.24	0.877
	Post-test	64.667±1.11	63.667±1.11	0.020
	P (within-group)	0.043	0.677	-
Reduced cooperation	Pre-test	10.53±1.30	10.33±1.54	0.118
	Post-test	9.66±1.44	11.00±1.60	0.006
	P (within-group)	0.001	0.342	-
Reduced sexual relation	Pre-test	11.93± 1.12	12.00±1.19	0.011
	Post-test	11.33±1.04	12.46±1.24	0.228
	P (within-group)	0.016	0.218	-
Increase emotional reactions	Pre-test	9.46±0.99	9.53±1.12	0.002
	Post-test	8.93±0.79	10.13±1.24	0.345
	P (within-group)	0.001	0.677	-
Increased support on the part of the children	Pre-test	14.86±1.50	14.53±1.06	0.228
	Post-test	13.60±1.24	14.86±1.24	0.014
	P (within-group)	0.023	0.009	-
Increased individual relation with relatives	Pre-test	17.26±1.27	17.66±1.23	0.110
	Post-test	15.40±1.59	17.73±1.38	0.736
	P (within-group)	0.706	0.008	-
Decreased family relations with the spouse's relatives and friends	Pre-test	20.86±1.12	21.33±1.49	0.508
	Post-test	19.20±0.86	21.13±1.64	0.011
	P (within-group)	0.456	0.233	-
Separation of financial affairs from each other	Pre-test	13.86±1.30	14.00±1.25	0.028
	Post-test	13.60±0.82	14.46±1.06	0.004
	P (within-group)	0.001	0.894	-
Decreased effective relations	Pre-test	14.33±0.97	14.40±1.40	0.408
	Post-test	13.60±0.82	14.93±0.96	0.764
	P (within-group)	0.032	0.017	-

Table 4. Results of ANCOVA between the experimental and control groups across the components

Components Index	df	F	P	Partial Eta Squared
Emotional distress tolerance	1	9.518	0.055	0.218
Absorption in negative emotions	1	3.878	0.001	0.024
Cognitive appraisal of distress	1	2.841	0.001	0.122
Regulation of efforts to alleviate distress	1	2.481	0.055	0.120
Physical functioning	1	4.790	0.001	0.151
Role impairment due to physical health	1	0.015	0.001	0.001
Pain	1	0.000	0.005	0.001
General health	1	12.802	0.061	0.322
EF	1	0.000	0.054	0.001
Social functioning	1	6.703	0.037	0.199
Role impairment due to emotional health	1	0.001	0.905	0.001
EW	1	5.813	0.991	0.177
Reduced cooperation	1	20.333	0.982	0.402
Reduced sexual relation	1	2.749	0.015	0.055
Increase emotional reactions	1	1.701	0.980	0.012
Increased support on the part of the children	1	17.520	0.023	0.431
Increased individual relation with relatives	1	1.828	0.051	0.021
Decreased family relations with the spouse's relatives and friends	1	18.596	0.061	0.485
Separation of financial affairs from each other	1	6.218	0.022	0.122
Decreased effective relations	1	1.173	0.051	0.082

agement skills can boost self-judgment by generating positive feedback from others, thereby reinforcing one's sense of competence [19]. Participants successfully engaged in quality improvement exercises when relaxed. Additionally, through progressive muscle relaxation and techniques for coping with emotional turmoil, group members learned to observe their thoughts and feelings without being overwhelmed. This training increased their distress tolerance and improved their ability to manage their environments [27, 28, 31]. The study found a significant difference between the experimental and control groups regarding quality-of-life components, including physical health, mental health, social relationships, and living environment. This indicates that life skills training has positively impacted couples' quality of life. Specifically, training in empathy, problem-solving, and effective communication significantly improved couples' physical performance, overall health, and mental well-being [19]. This result aligns with findings from Lamuki et al. [32], Alishah and Nouri [33], Faraji et al. [34], and Hye-Yul et al. [35]. The results show that continuous life skills training in stress management, decision-making, interpersonal communication, and self-awareness can considerably improve quality of life. Benefits include improved self-esteem [36], self-awareness [37], self-control [38], coping skills and problem-solving abilities [39], as well as better life expectancy and emotional regulation [40]. These mechanisms help eliminate emotional and behavioral barriers in couples, fostering personal growth, enhancing interpersonal relationships, improving physical and mental health, and ultimately leading to a better quality of life [33, 39].

Improving mental health involves recognizing both one's own and others' positive and negative emotions. Many individuals face emotional and communication issues due to a lack of life skills, particularly in empathy, problem-solving, and effective communication. This gap can lead to situational inefficacies and weakened relationships, often resulting in conflict with a spouse [28, 32]. Life skills training enables individuals to effectively manage their emotions, both positive and negative, and apply this knowledge to their daily lives, including constructively resolving conflicts with their spouse. By overcoming negative impulses and stress, individuals enhance their mental health and become more socially engaged [32, 34]. This training assists in recognizing and managing emotions, particularly anger, thereby improving couples' interpersonal relationships. With a better understanding of their emotions and the techniques learned, individuals can navigate challenges without making impulsive decisions driven by feelings [37, 38]. The results indicated significant differences between the experimental and control groups regarding marital conflict components, such as reduced cooperation, diminished sexual activity, heightened emotional responses, increased support for children, closer personal ties with relatives, weakened connections with spouses and friends, financial separation, and poorer communication. These findings demonstrate that life skills training effectively alleviates marital conflicts among couples [38]. This findings relates to the research of Azarnik et al. [41], Karasu et al. [42], Jyothi et al. [43], Assadi et al. [44], and Soleimani et al. [45] couples encountering conflicts often struggle with effective strategies to handle challenges [41-45]. Empathy training, problem-solving, and strong communication can significantly enhance their conflict management skills. According to the cognitive-behavioral approach, negative beliefs and expectations hinder effective communication [41-45]. Practicing these skills encourages individuals to adopt productive habits in conflict situations. Learning life skills like effective communication and empathy promotes positive interactions and diminishes negative behaviors [36]. By enhancing positive exchanges, partners fulfill each other's emotional needs, fostering a favorable atmosphere and transforming negative attitudes. Life skills, such as problem-solving, can enhance couple intimacy, improve family communication, and strengthen family management [41]. By fostering behavioral reforms and adaptability among couples, these skills can reduce conflicts and feelings of helplessness, ultimately enhancing family functioning and improving the quality of marital life. The tutorial focuses on enhancing problem-solving and communication skills in spouses through cognitive-behavioral techniques [42]. It aims to address marital issues by modifying beliefs and views, and improving communication and roles within couples. By promoting positive behaviors and interactions while reducing negative ones, it seeks to enhance the overall functioning of the family [43].

Here's a concise overview referring to the presented educational model, along with its features, strengths, and weaknesses in the context of assessing the impact of life skills training; The study utilizes a structured, experimental approach based on a life skills training curriculum aimed at enhancing distress tolerance, improving quality of life, and reducing marital conflicts among married students. The model combines theoretical knowledge with practical exercises, fostering experiential learning and behavioral change. The model employs a structured, evidence-based life skills training program grounded in experiential learning theory. It combines didactic instruction, practical exercises, and reflection to foster skills such as emotional regulation, communication, problem-solving, and stress management among married students. The design typically involves pre-test, post-test, and follow-up assessments, with experimental and control groups to evaluate effectiveness [44].

Features

Focuses on enhancing adaptive coping strategies and interpersonal skills [45]. Uses validated assessment tools to measure distress tolerance, quality of life, and marital conflict levels. Incorporates active participation and real-life applicability, promoting behavioral change [46]. Employs a rigorous research design including randomization and control conditions to ensure reliability.

Strengths

Demonstrates significant improvements in psychological well-being and relationship quality [47]. Empowers participants with practical tools to manage stress and conflicts. Evidence-based and adaptable across different cultural contexts. Facilitates long-term behavioral change when combined with follow-up sessions.

Weaknesses

Self-report measures may be vulnerable to social desirability bias [48]. Cultural factors may influence the acceptability and effectiveness of the curriculum. Limited follow-up duration may not reflect sustained long-term effects. Variability in trainers' delivery can affect outcomes [48].

This research suffers from some methodological constraints, such as a small sample size and lack of appropriate randomization which affect the generalizability of the findings. The study was conducted on married students at Shiraz Branch, Islamic Azad University, highlighting the need for further research on other groups. Teaching life skills poses challenges due to abstract techniques and lack of follow-up. Universities should implement life skills training through educational program managers, as these skills can help couples navigate challenges and conflicts. Testing the study on diverse groups is recommended for methodological credibility. University authorities should support researchers in this area, and future research should incorporate quantitative and qualitative methods. It is advisable to extend the focus beyond younger age groups in future studies and to conduct similar research in various locations.

Conclusion

This study suggests that practical skills can be delivered through training sessions, workshops, films, and pamphlets to help prevent psychological issues. Emphasizing the effectiveness of life skills training, it should be integrated as part of supportive and rehabilitative interventions alongside other psychosocial support to enhance distress tolerance, improve quality of life, and reduce marital conflicts.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of Shiraz Branch, Islamic Azad University, Shiraz, Iran (Code: IR.IAU.SHIRAZ.REC.1403.060).

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Authors' contributions

Conceptualization, supervision and data analysis: Bahareh Boustani and Mahin Eksir; Methodology: Atefeh Pouraskar; Data collection: Bahareh Boustani; Funding acquisition and resources: Bahareh Boustani and Atefeh Pouraskar; Investigation, writing the original draft, review & editing: All authors.

Conflict of interest

The authors declared no conflict of interest.

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