

Original research

Compilation and Validation of an Interventional Protocol Indigenous to Marital Satisfaction Based on Grounded MethodologyZahra Afkham Rezaei,¹ Shokouh Navabi Nejad,^{*2} Ali Akbar Khosravi Babadi,³ Hamidreza Rezazadeh Bahadoran⁴**Abstract****Introduction:** This study aimed to compile and validate interventional protocol of marital satisfaction.**Method:** The research design was a qualitative exploratory design and in order to compile the intervention protocol of marital satisfaction, the grounded theory approach was used based on Strauss and Corbin's classification model. The statistical population consisted of all experts in academic and executive fields related to family. In order to achieve theoretical saturation and general agreement on questions related to the phenomenon, the statistical sample included 9 experts. Semi-standard interview tool was used to collect data. In order to validate and validate the interventional protocol built up through evaluation by communication method and also through the formation of a focus group, validation was evaluated using repeatability and also transferability or generalizability.**Findings:** The results showed that causal factors of marital satisfaction included individual and interpersonal factors, interpersonal factors of marital satisfaction including psychophysical factors, parental family, cultural, economic and social factors, and underlying conditions including general and specific conditions. Intimacy was the central issue of marital satisfaction. Conclusion: The study led to the compilation and validation of the marital satisfaction intervention protocol including cognitive-behavioral, emotion-oriented, mindfulness and communication intervention.**Conclusion:** The study led to the compilation and validation of the marital satisfaction intervention protocol including cognitive-behavioral, emotion-oriented, mindfulness and communication intervention. The results of this study can be noted in national family policies to prevent problems caused by lack of marital satisfaction and intimacy. Of the 9 interviewees, 6 were women and 3 men that this gender composition and different backgrounds in the field of academic education, executive responsibilities and clinical experiences of interviewees have probably created limitations for the results of the research in the qualitative section. It is suggested that the results of this study be used in student counseling centers including Islamic Azad University, in the form of an added skills program aimed at improving marital satisfaction and also in the pre-marriage counseling process. Also, the conceptual framework of marital satisfaction intervention protocol can be used in the process of couples counseling based on subcultures in different regions of the country. It is suggested that in future researches, gender composition and academic, executive and clinical records of interviewees be changed.**Keywords:** Compilation and validation, Grounded method, Interventional protocol, marital satisfaction**Received: 23/6/2024****Accepted: 26/7/2024**

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Introduction:

Today, in academic and executive circles, the terms "family policy" and "family policy or strategy" are being used, and family policy is distinguished from other forms of social policy. In both developed and developing countries, family policies are shaped by and interact with the phenomenon of "family" under the influence of the following factors: political and cultural history, demographic conditions, the level and patterns of women's participation in the labor force, gender relations, and family cultures [1].

The heightened attention given to the family by governments often signals the emergence of challenges within this social institution. This is particularly evident in the concept of "family pathology." According to Veeraraghavan and Dogra [2], family pathology refers to the extent of maladaptive behaviors among family members in their interactions with one another, encompassing both spousal and parent-child conflicts.

The current state of Iranian families indicates a significant prevalence of dysfunctions and a crisis. An analysis of the factors contributing to these familial anomalies reveals the following: altered marriage criteria, a shift in the philosophy of marriage and a declining fertility rate, a rise in the age of marriage, decreased marriage rates, an increase in youth singlehood, a growing divorce rate, a diminished cultural appeal of marriage, a reduction in the roles of family and kinship in matchmaking, changes and disruptions in family upbringing functions, a decrease in parental authority, erosion of trust, solidarity, and social capital within families, and a weakening of value-based attitudes towards the sanctity of the family institution. A closer examination of the causes of these changes suggests that factors such as family planning policies, divorce, and women's employment, increasing age at marriage, the influence of feminism, sociocultural beliefs, lifestyle changes, and mass media have played a significant role [3].

Moreover, the prevalence of divorce, as a social variable, has had a positive impact on emotional divorce. Additionally, the monotony of life and the pursuit of equal rights have respectively had positive and negative effects on emotional divorce. In recent years, due to the prevalence of divorce among young people, a kind of epidemic of family disintegration and weakening of bonds has been created, which has led to emotional and affective separation between couples [4]. Abreu-Alfonso, Ramos, Queiroz-Garcia, and Leal [5], in a study titled "How do couples' relationships remain stable over time? A model for marital satisfaction," note that divorce seems to be related to low levels of marital satisfaction. However, there is still a lack of a model that can help understand the resilience and fragility of couples' relationships throughout the life cycle. This research examines the role of communication patterns, self-motivation and partner motivation for marriage, cohesion, and flexibility in a couple, and several socio-demographic characteristics (e.g., family life cycle stage) that can explain marital satisfaction. The criteria for marital satisfaction included communication and conflict management skills, cohesion and flexibility, and motivation. The results of the study showed that five significant predictors of marital satisfaction were: intrinsic motivation, communication, families with young children, families with adolescent children, and professional/educational status.

The concept of marital satisfaction has undergone significant transformations over the past fifty years due to societal and cultural shifts [6]. Traditionally, marriages were often formed with the primary goals of providing security, stability, and raising children. Thus, a sense of duty and competence were the primary determinants of marital satisfaction. However, in recent decades, marriages have increasingly been motivated by the desire for love and intimacy, with factors such as companionship, support, and equality between spouses playing a pivotal role in fostering marital satisfaction. In line with this, Azizi and Haji Alizadeh [7] conducted a study examining the relationship between emotional abuse and marital satisfaction, as well as the mediating role

of marital boredom in women and men. Their structural equation modeling analysis revealed that emotional abuse and marital boredom exerted both direct and indirect effects on marital satisfaction in both genders. The findings of this research highlighted the mediating role of marital boredom between emotional abuse and marital satisfaction among couples.

According to Garcia [8], marital satisfaction is conceptualized at three levels: spousal satisfaction with the marriage, satisfaction with family life, and overall life satisfaction. Marital satisfaction is defined as a general concept that is experienced within the context of a healthy marital relationship. Moreover, satisfaction occurs when the relationship between the husband and wife is functioning well in all domains.

Marital intimacy is defined as the ability to connect with one's spouse while preserving individuality. Such self-oriented definitions suggest that an individual must attain a certain level of personal growth to cultivate an intimate relationship with their partner. Intimacy can be understood as the ability to know oneself in the presence of others, requiring self-awareness and identity development for an individual to be capable of intimacy. Common conceptualizations of intimacy include the level of closeness with one's spouse, shared values and ideas, joint activities, sexual relations, knowledge of each other, and emotional behaviors such as affection. Individuals experiencing higher levels of intimacy are better able to present themselves in a desirable manner in relationships and more effectively express their needs to their partners. Marital satisfaction may be higher in couples who experience greater levels of intimacy, or in other words, couples with higher levels of intimacy may be better equipped to cope with relationship problems and changes, resulting in higher marital satisfaction [9]. Intimacy is considered a fundamental human need for maintaining psychological health and well-being, and a lack of intimacy is associated with depression, low self-esteem, anxiety, and lower relationship satisfaction [10]. In line with this, Dessyrianti and Setiawan [11], in a study titled "Trust and Communication as Predictors of Marital Intimacy in Working Couples," demonstrated that trust and communication significantly contribute to marital intimacy, and the combined effect of these two variables is substantial. Trust and communication simultaneously play a crucial role in marital intimacy among working couples."

More concretely, regarding the predicament of infertility, Ebrahimi, Mohsenzadeh, and Zaharakar [12] in their research on infertility and the quality of marital life among couples, note that the World Health Organization has referred to infertility as a public health problem that can lead to depression, anxiety, social rejection, and sexual dysfunction. This bio-psycho-social crisis creates a vicious cycle that undermines fertility and disrupts sexual function and satisfaction. Phenomenological analysis and coding using Colaizzi's method identified 36 subcategories, which, based on their semantic similarity, were categorized into seven main concepts: the marital and social hardships of a childless life, cognitive and emotional issues during treatment, suggestions of divorce or polygamy, lack of empathy and compatibility of the couple's surroundings, social isolation and demotivation of the couple, increased anxiety and stress in the couple, decreased quality of the marital relationship, and decreased financial security of the couple.

The phenomenon of infertility has been shown to be associated with a significant decrease in the quality of marital life. It has raised crucial issues such as the potential for separation and divorce, emotional distance, decreased motivation, and cognitive, emotional, and social challenges, underscoring the need for interventions to improve the marital quality of life for these couples. Additionally, Nitu, Neamtu, Iordache, Stelea, Dahma, Sacarin and Diaconu [13], in a study analyzing the intimacy problems, stress levels, and marital satisfaction of women with

thrombophilia affected by recurrent pregnancy loss, noted that recurrent pregnancy loss is one of the most challenging and difficult aspects of fertility treatment, imposing significant emotional distress on families and couples. It is therefore expected that couples experiencing recurrent pregnancy loss would exhibit increased marital problems, stress, and anxiety, hindering their ability to achieve their family goals. Results indicated that women in the reference group who did not give birth were more likely to be sensation-seeking. Furthermore, women in the reference group had higher levels of dissatisfaction and lower levels of self-acceptance, pleasure, and marital quality scores.

Women in the reference group experienced more intimacy problems and stress while having lower scores on openness and self-esteem compared to women in the control group (who eventually gave birth). It is possible that women with thrombophilia and recurrent pregnancy loss may be more dissatisfied with their marriages compared to those who subsequently had a child. Regarding sexual function in couples, Galati, Hollist, Do Egito, Osório, Parra, Neu, and De Moraes Horta [14] in a study examining the relationship between sexual dysfunction in couples, marital relationship quality, and depressive symptoms, showed that sexual dysfunction was strongly associated with relationship dissatisfaction. A positive correlation was also found between depressive symptoms and marital dissatisfaction.

Regarding arranged marriages, Khalid [15] in a study examining the difference in marital satisfaction between arranged marriages and love-based marriages in South Asia, showed that there was no significant difference in the level of marital satisfaction among South Asians who had arranged marriages and love-based marriages. Men reported lower satisfaction than women in their marital relationships, perhaps due to different gender roles. However, definitively, the level of marital satisfaction may not be entirely determined by the type of marriage the individuals are involved in.

Regarding the subject of love, Yoo and Joo [16] investigated the relationship between perceptions of love, marital satisfaction, and gender moderation in middle-aged married men and women. Results indicated that the average perception of love was at a moderate level, and men reported a greater perception of love, passion, commitment, and marital satisfaction compared to women, while no gender differences were found in perceptions of intimacy. Furthermore, love was positively correlated with marital satisfaction. The moderating effect of gender on the relationship between perceptions of intimacy and marital satisfaction was significant. Specifically, women showed a stronger correlation between perceptions of intimacy and marital satisfaction compared to men. These results suggest that love plays a significant role in enhancing overall marital quality, but intimate interactions in the context of middle-aged marriage were gendered. Additionally, İnce and Işık [17], in their research, examining the mediating role of love language components on self-differentiation and marital satisfaction, demonstrated that four out of five components of love language had a mediating role. Self-differentiation positively predicted marital satisfaction and indirectly influenced marital satisfaction through physical touch, words of affirmation, quality time, and receiving gifts.

Regarding the family background of couples and their parents, Chis [18] conducted a literature review examining the relationship between personality traits, parental bonding, and marital satisfaction. A systematic search of English-language studies published between 2019 and 2005 was conducted. The most common predictors identified for marital satisfaction and couple well-being included neuroticism, agreeableness, conscientiousness, extraversion, parental stress, openness to experience, impulsivity, parents, immature defense mechanisms, communication, emotional stability, and marital support.

Concerning social capital, Niazi, Sakhaei, Valad khalil, and Mayani [19], in a meta-analysis of studies on the relationship between social capital and marital satisfaction, demonstrated a high effect size or impact factor of social capital on marital satisfaction. Moreover, this effect was found to be higher for men than women.

Therefore, intervening in increasing marital satisfaction and marital intimacy, considering its importance in the health and well-being of couples, is increasingly being raised as a worthy issue of research and investigation, especially in the current social-family conditions of our society. Thus, this research seeks to answer the question: With what criteria can a native intervention protocol be compiled for marital satisfaction?

Despite the existence of certain intervention protocols in marital life, such as Acceptance and Commitment Therapy (ACT) for couples' marital satisfaction [20], marital enrichment protocols [21], cognitive-behavioral couple therapy protocols [22], and the group cognitive-behavioral couple therapy protocol by Baucom and Epstein (2002), the lack of a localized and culturally appropriate intervention protocol for Iranian families and the existing research gap in this area, doubles the importance and necessity of this research.

In terms of the theoretical importance of this research, by compiling and validating an intervention protocol for marital satisfaction, this study contributes to our knowledge of the variables under discussion. It helps to expand the knowledge, concepts, and intervention protocols of existing models in this field and provides a better understanding of effective intervention strategies.

In terms of the developmental importance of this research, it paves the way for newer studies aimed at expanding psychological and family counseling knowledge.

In terms of the practical importance of this research, the importance of utilizing the results of this study in family welfare programs in psychology and counseling centers for students, as well as preventing problems arising from the lack of marital satisfaction and intimacy, including family dysfunction, divorce, and the resulting social harms, can be mentioned.

In terms of the necessity of the research, the absence of a culturally indigenous intervention protocol for marital satisfaction forces us to engage with non-native cultural elements (particularly European and American cultures, which provide the contextual framework for theories and protocols in this field). Conversely, the compilation of such a native intervention protocol would be more effective, given its congruence with the cultural realities of our society and its relevance to families and marital relationships

Research Method:

The present research was applied in terms of research type and exploratory in terms of research nature. In terms of strategy, the research has an inductive strategy, and in terms of data nature, it is among the qualitative exploratory designs; thus, in this research, in order to compile a marital satisfaction intervention protocol, the grounded theory approach based on the Strauss and Corbin classification model [23] was used.

In this proposed model, based on the Strauss-Corbin classification model [24], the phenomenon or central category is inferred based on the axial coding pattern, from the categories obtained from open coding (in the context of causal, interventional, and contextual conditions). The phenomenon or central category leads to action/interaction strategies and their resulting consequences.

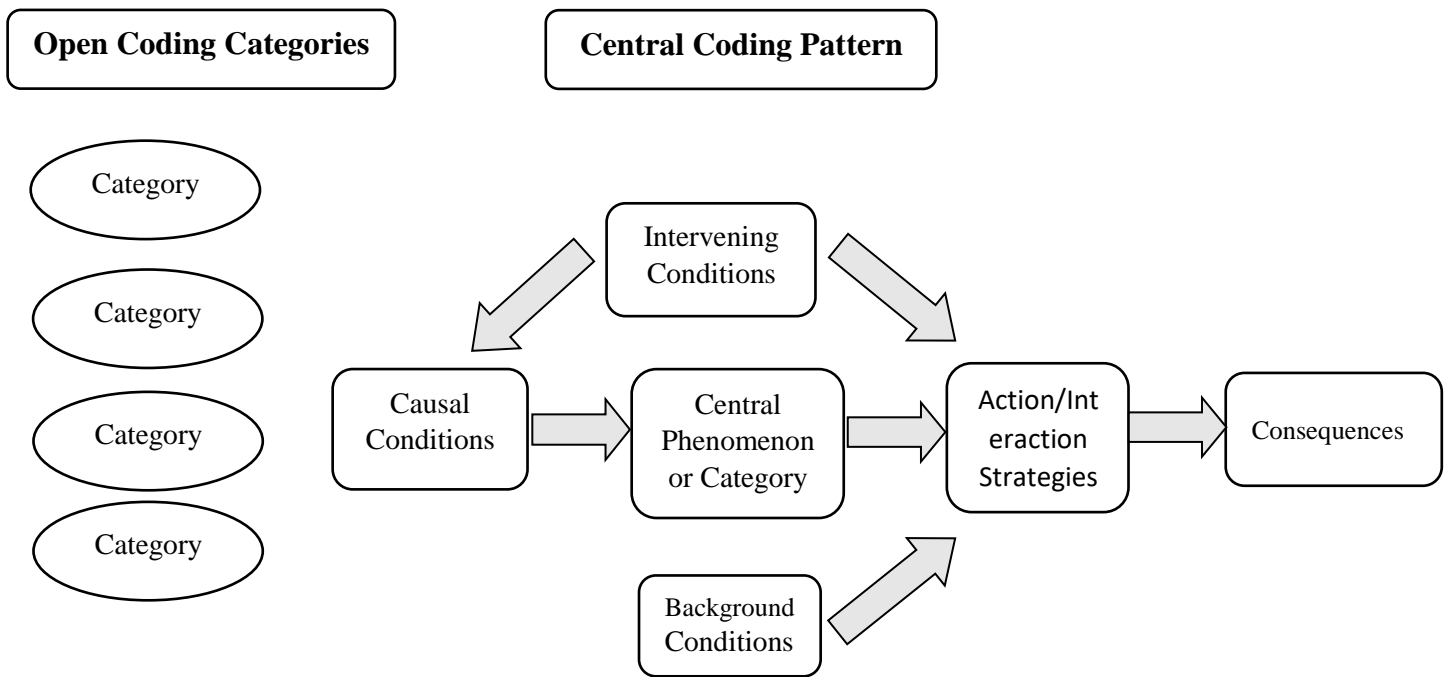


Figure 1: Conceptual Model of the Study

The research's statistical population encompassed all academic and executive experts and scholars in the fields of counseling, clinical psychology, general psychology, and family sociology at public and private universities. To achieve theoretical saturation and general agreement on the questions related to the phenomenon under study, the sample included nine experts. The sampling method in this section of the research was theoretical sampling, which is a form of purposive sampling.

Research Instrument and the Process of Qualitative Validity and Reliability Assessment

For data collection, a semi-structured interview instrument (comprising open-ended, structured, and confrontational questions) was used with experts and scholars in the fields of counseling, clinical psychology, general psychology, and family sociology.

Validation and Reliability of Concepts

In addition to the above, the following procedures were employed to ensure the validity and reliability of the concepts, subcategories, and main categories:

a) Validity: To establish the validity (trustworthiness and credibility) of the concepts, the constructed categories were assessed using the communicative validation method and the review method. In the communicative validation approach, the identified concepts and categories were reviewed and verified by the interviewees or experts. In other words, the validity of the data was evaluated and confirmed by the study participants [25]. Furthermore, the review method, which involves consulting with the thesis advisors and consultants, was also utilized for the validation of the concepts, categories, and the compiled protocol.

b) Reliability: The reliability of the concepts, subcategories, and main categories was assessed in two sections: repeatability and transferability or generalizability, as described below:

i) Repeatability: To ensure repeatability in the research process, the inter-coder agreement coefficient method was employed during the coding process, involving two coders (the researcher and a collaborating researcher). This approach aimed to resolve any discrepancies that arose by reviewing the data.

ii) Transferability or Generalizability: Although the generalizability of qualitative work, particularly grounded theory, is a recognized limitation of this research approach, efforts were made to address this limitation by utilizing a systematic and comprehensive theoretical sampling

method to the extent possible, thereby enhancing the generalizability of the findings.

This involved inviting diverse executive and academic experts from various relevant fields to participate in semi-structured interviews.

The research data collection was conducted in two phases: a literature review (documentary) and a field study. The process was as follows:

a) Initially, within the documentary and literature review phase, the conceptual framework of the subject was expanded, and a review of relevant empirical and theoretical background related to marital satisfaction and intimacy was undertaken. At this point, the documentary study was concluded.

b) In the field study phase, data collection was initially carried out through qualitative research, specifically utilizing a grounded theory approach based on the Strauss and Corbin model of classification [23]. This involved referring to relevant experts (clinical psychology, general psychology, and family sociology) and employing semi-structured interviews. The resulting data were extracted and analyzed based on the theoretical coding process, including open, axial, and selective coding, as well as based on the Strauss and Corbin grounded theory paradigm [23] in order to discover concepts and sub- and main categories, and ultimately compile a marital satisfaction intervention protocol (in this section, sample size estimation was not performed, as the criterion was theoretical saturation of data and achieving consensus among interviewees on the research topic). The constructed marital satisfaction intervention protocol was validated through communication-based assessment and also through the formation of a focus group, and its reliability was assessed using repeatability and transferability or generalizability.

The questions posed in the semi-structured interview were as follows:

1. Based on your professional experience, how would you describe marital satisfaction?
2. Based on your professional experience, what factors do couples with marital satisfaction typically cite?
3. Based on your professional experience, how would you explain the role of specific cultural factors within the cultural context in marital satisfaction?
4. Based on your professional experience, how would you explain the role of socio-economic factors in marital satisfaction?
5. Based on your professional experience, how would you explain the role of family factors in marital satisfaction?
6. Based on your professional experience, what are some strategies for increasing marital satisfaction?
7. Based on your professional experience, what are some facilitating factors in marital satisfaction?
8. Based on your professional experience, what are some inhibiting factors in marital satisfaction?
9. Based on your professional experience, what are the consequences of using appropriate and inappropriate strategies in marital satisfaction?

Findings:

In order to analyze the data obtained from interviews with experts and to extract concepts or subcategories and main categories, and to compile a marital satisfaction intervention protocol, the process of theoretical coding in three stages of open coding (discovering concepts), axial coding (discovering subcategories), and selective or optional coding (discovering main

categories) was used in the form of the theoretical paradigm of Strauss and Corbin's grounded theory [23], which are presented in Table No. 1.

Table 1- Main and sub-categories and the concepts of each sub-category

Row	Concepts	Subcategories	Main Categories
1	Interest	Causal Conditions of Marital Intimacy	Individual Factors
2	Love		
3	Attraction		
4	Positive Attitude		
5	Personality Traits		
6	Education		
7	Age		
8	Perfectionism		
9	Childhood Experiences vs. Actual Relationship Experiences		
10	Compatibility		
11	Motivation for Marriage by Self and Partner		
12	Trust		
13	Honesty		
14	Commitment		
15	Desirable Sexual Relations		
16	Fulfillment of Mutual Needs		
17	Effective communication	Interpersonal Factors	
18	Behavioral consistency		
19	Problem-solving skills		
20	Emotional expression		
21	Adaptability to challenges		
22	Emotional support		
23	Self-disclosure		
24	Empathy		
25	Length of marriage		
26	Marital boredom		
27	Type of marriage (arranged vs. love marriages)		
28	Personality type	Psychophysiological Factors	Marital Satisfaction
29	Illness		
30	Healthy identity		
31	Mental health		
32	Differentiation		
33	Boundaries with parental family	Parental Family Factors	Interventional Conditions
34	Parental family interventions		
35	Frequency or irregularity of contact with parental family		
36	Acceptance of spouse by partner's family		

37	Parental family parenting style	
38	Parental family communication patterns	
39	Parental family values and beliefs	
40	Parental family as a context for shaping personality, roles, and expectations	
41	Dependence on parental family	
42	Support from parental family	
43	Parental family crises	
44	Religious beliefs and spirituality	Cultural Factors
45	Shared values	
46	Expectations of spouse role	
47	Cultural differences	
48	Cultural changes	
49	Ethnicity	
50	Cultural similarity and adaptation	
51	Dress	
52	Mannerisms	
53	Taste in home furnishings	
54	Courtship, engagement, and marriage ceremonies	
55	Invitation style	
56	Hosting style for parties and events	
57	Opposite-sex relationship culture	
58	Cultural knowledge about gender	
59	Premarital opposite-sex relationships	
60	Income level and method	Economic Factors
61	Purchasing power	
62	Bankruptcy	
63	Overwork	
64	Shared financial perspective	
65	Spending habits	
66	Social class and wealth compatibility	
67	Financial dependence or independence	
68	Investing and trading	
69	Financial security	
70	Asset index	
71	Independent income for men and women	
72	Financial planning	
73	Trust in financial matters	
74	Forgiveness	
75	Travel	

76	Attitude towards employment	Social Factors	
77	Social interactions and relationships		
78	Dress and social appearance		
79	Circle of friends and acquaintances		
80	Social activities		
81	Power structure in the family		
82	Living place (city/village/foreign country)		
83	Virtual communication		
84	Political and social views		
85	Life skills: * Problem-solving skills * Decision-making skills * Creative thinking skills * Critical thinking skills * Communication skills * Self-awareness skills * Empathy skills * Emotional management skills * Interpersonal skills	Cognitive-Behavioral Strategies Emotion-Focused Strategies Mindfulness Strategies Communication Intervention Strategies	Action Strategies of Marital Satisfaction
86	Awareness of the purpose of marriage		
87	Criteria for living and choosing a spouse		
88	Marriage literacy		
89	Conflict management		
90	No mind reading		
91	Transparency in relationships and Clear communication without humiliation or sarcasm		
92	Sex education		
93	Parenting harmony		
94	Expectations management		
95	Optimal financial management		
96	Leisure activities and hobbies		
97	Establishing boundaries with parents		
98	Respect and responsibility		
99	Enhancing resilience		
100	Realism		
101	Life perspective		
102	Learning mutual forgiveness		
103	Avoiding parenting each other		
104	Increasing psychological flexibility		
105	Identifying needs		

106	Recognizing each other's strengths and weaknesses		
107	Understanding sensitivities and boundaries		
108	Presence of children/infertility	General and Specific	Context and Foundation of Marital Satisfaction
109	Man's job stability		
110	Emotional and intellectual maturity		
111	Social capital		
112	Sexual literacy		
113	Well-being		
114	Diversity in relationships		
115	Compatibility of behaviors with each other's moods		
116	Personality traits		
117	Adaptability		
118	Persistence and practicality		
119	Physical and emotional care from the woman		
120	Acceptance of the spousal role		
121	Healthy lifestyle		
122	Feeling good	Positive consequences	Consequences of Marital Satisfaction intervention protocol action strategies
123	Inner contentment		
124	Physical and mental health		
125	Sexual satisfaction		
126	Loving and increasing affection		
127	Emotional stability		
128	Feeling of happiness		
129	Happiness		
130	Deep inner feeling		
131	Enjoyable experience		
132	Peace of mind		

The following figure illustrates the conceptual model of marital satisfaction:

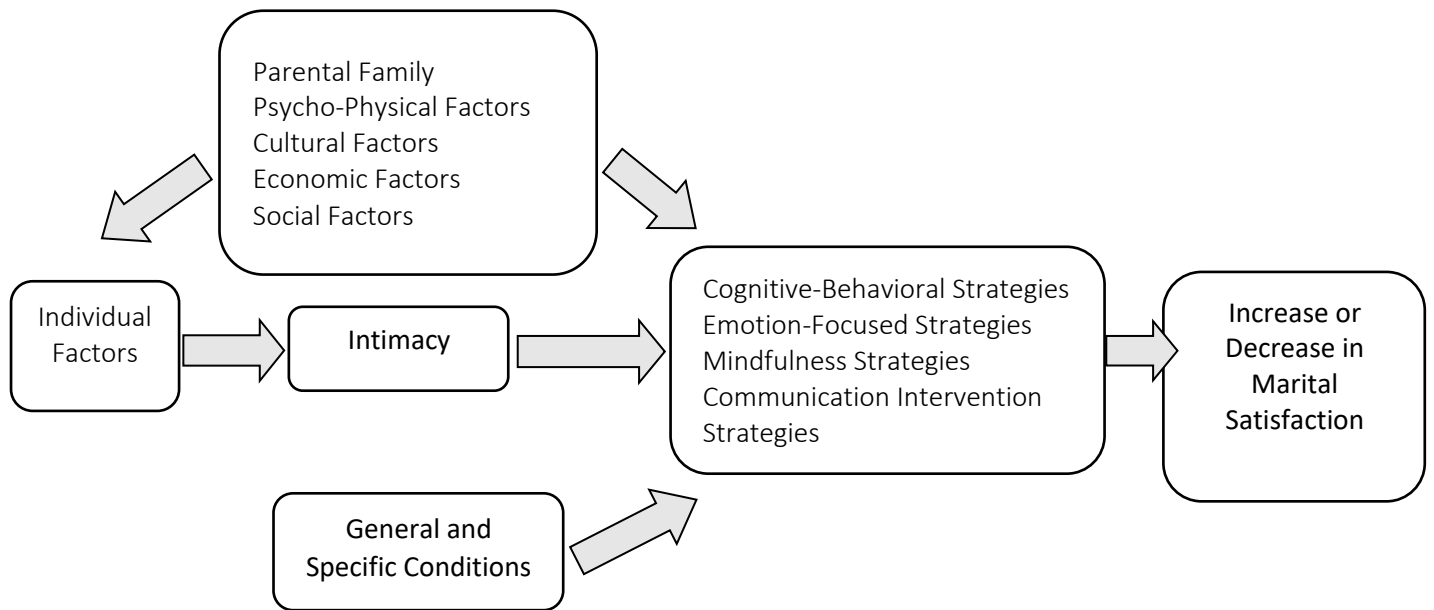


Figure 2. Conceptual Model of Marital Satisfaction

Discussion and Conclusion:

The results indicated that the intervention protocol compiled in this research, introduced as an indigenous marital satisfaction intervention protocol, has attempted to address the phenomenon of marital satisfaction among couples in the family from a multi-dimensional perspective. Marital satisfaction is recognized as an element of the continuity of a healthy family, which interviewees consider to be phenomena related to individual identity, interpersonal relationships, parental family, psycho-physical factors, cultural, economic and social factors; because it includes both individuals' mental processes and interpersonal and collective activities. Accepting this, it can be assumed that increasing marital satisfaction as a deep inner feeling and emotional stability leads to feelings of happiness, joy, a pleasurable experience and peace of mind. From this perspective, the indigenous marital satisfaction intervention protocol is important and an indigenous view of it can lead to the realization of national family policies.

In this context, the research findings regarding the causal conditions of the marital satisfaction intervention protocol have focused primarily on the dimension of internal (individual) identity. Factors such as interest, love, attraction, positive attitude, personality traits, education, age, perfectionism, and childhood experiences, in contrast to the actual experience within the marital relationship, are considered to have a direct effect on marital satisfaction. These results are consistent with the findings of Yu and Joe [16] (relationship between perceived love and marital satisfaction), Chase [18] (relationship between personality variables, parental adjustment, and marital satisfaction), and Ines and Isaac [17] (mediating role of love language components on self-differentiation and marital satisfaction). Therefore, it can be concluded that the research findings in this dimension are compatible with the findings of previous studies. The second factor considered in this study as a causal condition affecting the marital satisfaction intervention protocol was interpersonal factors. Factors such as compatibility, self and partner's motivation for marriage, trust, honesty, commitment, desirable sexual relations, satisfaction of mutual needs, effective communication, coordination in behaviors, problem-solving power, expression of

emotions, adaptation to challenges, emotional support, self-disclosure, empathy, marriage duration, marital burnout, and the form of marriage (planned and love-based marriages) have a direct effect on marital satisfaction. These results were consistent with the findings of Azizi and Haji Alizadeh [7] (the mediating role of marital burnout between emotional abuse and marital satisfaction of couples), Dessyrianti and Setiawan [11] (trust and communication as predictors of marital intimacy in couples), and Khalid [15] (the difference in marital satisfaction between planned marriages and love-based marriages).

Regarding the conditions of the intervention in the marital satisfaction intervention protocol, the subcategories of psycho-physical, parent-family, cultural, economic, and social factors have been identified. Psycho-physical factors have included personality type, illness, healthy identity, mental health, and differentiation. Factors related to the parent-family have included boundary maintenance with the parent-family, parent-family interventions, frequency or irregularity of visits with the parent-family, acceptance of the couple by the spouse's family, parenting style of the parent-family, communication patterns of the parent-family, values and attitudes of the parent-family, the parent-family as the foundation for personality formation, roles, expectations, dependence on the parent-family, parent-family support, and parent-family crises. Factors related to culture included religious and spiritual beliefs, shared values, expectations of spousal roles, cultural differences, cultural changes, ethnicity, cultural similarity and adaptation, type of clothing, manner of sitting and standing, taste in home arrangement, courtship ceremonies, betrothal and marriage, method of invitation, manner of holding parties and ceremonies, culture of opposite-sex relationships, cultural knowledge regarding gender, and socializing with the opposite sex before marriage. Factors related to economics included the amount and method of earning income, the amount of purchasing power, bankruptcy, overwork, shared views on money, method of spending, appropriateness in social class and amount of assets, financial dependence or independence, transaction and investment, financial security, asset index, independent income of men and women, financial planning, trust in financial matters, generosity, and travel. Factors related to social issues included attitudes toward employment, social interactions and relationships, social appearance and dress, circle of friends and acquaintances, social activities, power structure in the family, place of residence (city/village/abroad), virtual communications, and political and social attitudes.

These results were consistent with the findings of Azizi and Haji Alizadeh [7] (relationship between emotional abuse and marital satisfaction), Niazi, Sakhai, Valadkhalil, and Mayani [19], Ebrahimi, Mohsenzadeh, and Zaharakar [12] (infertility and marital quality of life in couples), Galati et al. [14] (relationship between sexual dysfunction in couples and marital relationship quality and symptoms of depression), Dessyrianti and Setiawan [11] (trust and communication as predictors of marital intimacy in couples), Nieto et al. [13] (cross-sectional analysis of intimacy problems, stress levels, and couple satisfaction in women with infertility), Khaled [15] (differences in marital satisfaction between planned marriages and love-based marriages), Yu and Joe [16] (intimate interactions in the context of midlife marriage), Chis [18] (relationship between personality variables, parental cohesion, and marital satisfaction), and Abrue-Afonsou, Ramos Queiroz-Garcia, and Leal [5] (a model for marital satisfaction).

Other research findings suggest that the presence or absence of children, the man's job stability, emotional and intellectual maturity, social capital, sexual literacy, well-being, diversity in relationships, congruence of behaviors with each other's temperaments, personality traits, flexibility, perseverance, and pragmatism, physical and emotional care by the woman, acceptance of the spousal role, and a healthy lifestyle have been identified as the foundation and context for

the formation of marital satisfaction. In this regard, the research of Abreu-Alfonso, Ramos, Queiroz-Garcia, and Leal [5] (a model for marital satisfaction) also supports these findings.

The action strategies of the Marital Satisfaction Intervention Protocol are proposed in the form of cognitive-behavioral strategies, emotion-focused strategies, mindfulness strategies, and communication intervention strategies that target the following elements: life skills, awareness of the purpose of marriage, life criteria and mate selection, marital literacy, conflict management, non-mind-reading, transparency in relationships, explicit speech without humiliation and sarcasm, sex education, coordination in parenting, expectation management, optimal financial management, leisure and recreation, boundary setting with parental family, respect and accountability, increased resilience, realism, a general view of life, learning mutual forgiveness, avoiding parenting each other, increasing psychological flexibility, recognizing needs, recognizing the strengths and weaknesses of the other party, and recognizing sensitivities and red lines.

The consequences of the action strategies of the Marital Satisfaction Intervention Protocol are manifested in the form of positive outcomes such as good mood, inner contentment, physical and mental health, sexual satisfaction, love, and increased interest.

Marital Satisfaction Intervention Protocol

Based on the research findings, the Marital Satisfaction Intervention Protocol, according to the designs and sessions (between 60 to 90 minutes), is as follows:

Table 2: Marital Satisfaction Intervention Protocol

Session 1	Introduction to the protocol Introduction of the intervention leader and group members
Module 1: Cognitive-Behavioral Strategies	
Session 2	Marriage literacy Understanding the purpose of marriage Life goals and partner selection Realistic expectations
Session 3	Comprehensive life review Identifying needs Recognizing sensitivities and red flags Understanding strengths and weaknesses of the partner
Module 2: Emotion-Focused Strategies	
Session 4	Enhancing resilience
Session 5	Learning mutual forgiveness
Module 3: Mindfulness Strategies	
Session 6	Increasing psychological flexibility
Session 7	Avoiding mind reading
Module 4: Communication Intervention Strategies	

Session 8	Respect and responsibility Transparency in relationships and assertive communication without sarcasm or contempt Managing expectations Conflict management Parenting coordination
Session 9	Setting boundaries with parental families Sex education Avoiding parenting each other Effective financial management Leisure and recreation
Evaluation of Modules	
Session 10	Summary of life skills Review of feedback from intervention group members

The results of this research can be applied to national family policies aimed at preventing problems arising from a lack of marital satisfaction and intimacy. Among the nine experts interviewed, six were women and three were men with specific scientific and clinical backgrounds, which this gender composition and specific backgrounds have led to limitations in the research results in the qualitative section. The diverse backgrounds in the field of academic education, executive responsibilities, and clinical experiences of the interviewees have likely created limitations for the research results in the qualitative section. This means that the individual differences of the interviewees have probably affected the research results. It is suggested that the results of this research be used in student counseling centers, including at the Islamic Azad University, in the form of a skill-enhancing program aimed at increasing the level of marital satisfaction, as well as in the premarital counseling process. Also, the conceptual framework of the marital satisfaction intervention protocol in this research can be used in counseling couples based on subcultures in different regions of the country. This means that in new research, native experts belonging to subcultures should be interviewed. It is suggested that in future researches, the gender composition and academic, executive, and clinical backgrounds of the interviewees be changed.

Ethical Considerations

In this research, ethical considerations in research, including the following, were observed: The main purpose of this research was to promote the health of society and strengthen the institution of the family. In this research, regarding the observance of the privacy of the interviewees during the research, assurance was obtained, and the principle of confidentiality and keeping secrets and taking appropriate measures to prevent its publication was observed. In this research, the principle of providing sufficient information to the interviewees and ensuring that the information provided is understood by them was observed.

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conceptualization, methodology, data collection, compilation and validation of the interventional protocol, drafting, editing and finalization.

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