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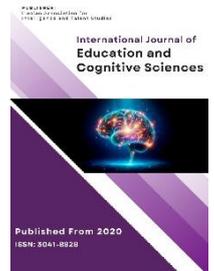
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The Effectiveness of Lazarus's Multimodal Therapy and Islamic-Oriented Marital Skills Training on Marital Satisfaction and Marital Conflicts

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ABSTRACT

Purpose: The objective of this study was to compare the effectiveness of Lazarus's multimodal therapy and Islamic approach-based marital skills training in enhancing marital satisfaction and reducing marital conflicts among couples in Isfahan.

Methods and Materials: This quasi-experimental study employed a pretest–posttest design with a control group. Sixty married couples experiencing marital dissatisfaction were selected through purposive sampling and randomly assigned into three groups: Lazarus's multimodal therapy, Islamic approach-based marital skills training, and control (20 couples in each). The intervention groups received eight 90-minute sessions of their respective training programs, while the control group received no intervention during the study period. The Marital Satisfaction Questionnaire and Marital Conflict Questionnaire were administered at pretest and posttest. Data were analyzed using analysis of covariance (ANCOVA) after confirming normality, homogeneity of variances, and homogeneity of covariance matrices.

Findings: ANCOVA results indicated a statistically significant difference between the experimental and control groups in marital satisfaction and marital conflict at posttest ($p < 0.001$). Both intervention groups showed significant increases in marital satisfaction and significant decreases in marital conflict compared to the control group. Pairwise comparisons revealed no significant difference between Lazarus's multimodal therapy and the Islamic approach-based training in their impact on either marital satisfaction or conflict reduction ($p > 0.05$).

Conclusion: Both Lazarus's multimodal therapy and Islamic approach-based marital skills training are effective, culturally relevant interventions for improving marital satisfaction and reducing marital conflicts. Their comparable effectiveness suggests that practitioners can select either approach based on couples' cultural context, personal values, and therapeutic preferences.

Keywords: Marital satisfaction; marital conflict; multimodal therapy; Islamic marital skills; couple therapy; cultural adaptation.

1. Introduction

Marital satisfaction, as a core indicator of the quality and stability of intimate relationships, plays a critical role in individual psychological well-being, family harmony, and broader social cohesion (Bijani et al., 2023; Hakimi Dezfouli & Ebrahimpour, 2024). Research consistently shows that the quality of marital interactions is shaped by a combination of personal, interpersonal, cultural, and spiritual factors, and that interventions targeting these dimensions can significantly improve couples' satisfaction and resilience (Alipour et al., 2020; Harahsheh, 2025). In recent decades, the development and application of structured marital skills training programs have become increasingly prevalent, with approaches ranging from secular cognitive-behavioral frameworks to religiously grounded methodologies (Moslem Bayat & Ameri, 2022; Shah, 2022). These interventions address not only conflict reduction but also enhancement of emotional intimacy, communication quality, and mutual understanding between partners (Bean et al., 2020; Işık & Kaya, 2022).

Among the therapeutic models applied in marital counseling, Lazarus's multimodal therapy stands out as a comprehensive and integrative framework that addresses human functioning across multiple interconnected modalities—behavior, affect, sensation, imagery, cognition, interpersonal relationships, and biological factors (BASIC I.D.) (Iranizadeh et al., 2020; Lazarus, 2020). This approach emphasizes the need to tailor interventions to the specific needs and profiles of clients, making it particularly effective in addressing the complex and multifaceted nature of marital dissatisfaction (Maftei, 2022; Stone et al., 2022). Empirical evidence indicates that multimodal interventions can produce lasting improvements in marital satisfaction by simultaneously targeting communication deficits, maladaptive cognitive schemas, and emotional regulation difficulties (Lotfi, 2025; Thanagouizadeh, 2021).

Parallel to the growth of integrative secular therapies, there has been increasing interest in Islamic approach-based marital skills training in Muslim-majority societies (Salari Far, 2021; Shah, 2022). This approach integrates psychological principles with Qur'anic teachings, prophetic traditions, and Islamic ethical frameworks, offering a culturally and spiritually congruent method for enhancing marital harmony (Hashemi Babaheydari et al., 2020; Moslem Bayat & Ameri, 2022). Islamic marital skills programs typically focus on values such as compassion, mutual respect, patience, and justice in spousal interactions,

while providing practical techniques for effective communication, conflict resolution, and emotional support (namani & Dehmardeh, 2020; Thanagouizadeh, 2021). Evidence suggests that culturally tailored interventions not only improve relationship satisfaction but also enhance participants' adherence to the learned skills, given their alignment with personal beliefs and social norms (Hakimi Dezfouli & Ebrahimpour, 2024; Harahsheh, 2025).

Marital conflict, defined as recurrent patterns of disagreement and hostility between spouses, is one of the most significant predictors of marital instability and dissolution (Işık & Kaya, 2022; Khatibi & Meghrazi, 2023). It can manifest in various forms, including emotional withdrawal, verbal aggression, and avoidance of problem-solving discussions (Bean et al., 2020; Bijani et al., 2023). Research highlights that unresolved conflicts can erode emotional intimacy, foster negative attributional patterns, and diminish mutual trust (namani & Dehmardeh, 2020; Nematzadeh Getabi et al., 2022). The presence of chronic conflict has also been linked to negative mental health outcomes such as depression, anxiety, and stress-related disorders (Kim & Yeo, 2020; Wang et al., 2020). Therefore, interventions that simultaneously address marital satisfaction and conflict management are essential for fostering relational stability (Armanpanah et al., 2021; Lotfi, 2025).

In this context, integrating Lazarus's multimodal therapy with culturally rooted approaches, such as Islamic marital skills training, offers a promising dual strategy. Lazarus's model brings a flexible, individualized structure that can be adapted to various psychological profiles (Lazarus, 2020; Stone et al., 2022), while Islamic approaches ground the training in shared moral and spiritual values (Salari Far, 2021; Shah, 2022). This combination may provide both the cognitive-behavioral depth and the cultural-spiritual resonance necessary for sustainable marital improvement (Hashemi Babaheydari et al., 2020; Moslem Bayat & Ameri, 2022).

Moreover, recent studies emphasize the mediating role of factors such as attachment styles, resilience, and coping strategies in determining the success of marital interventions (Bijani et al., 2023; Nematzadeh Getabi et al., 2022). For example, couples with secure attachment patterns tend to benefit more from skills-based training due to their greater openness to emotional vulnerability and mutual problem-solving (Bean et al., 2020; Hakimi Dezfouli & Ebrahimpour, 2024). Likewise, enhancing resilience through targeted exercises can buffer couples against the recurrence of

conflict and promote long-term satisfaction (Harahsheh, 2025; Maftai, 2022).

Empirical evidence supports the efficacy of both multimodal and Islamic marital interventions in diverse cultural contexts. Studies on multimodal therapy have demonstrated significant post-intervention gains in communication clarity, emotional support provision, and conflict resolution efficiency (Iranizadeh et al., 2020; Lotfi, 2025). Similarly, Islamic marital skills programs have been shown to reduce marital disengagement, increase positive interaction frequency, and enhance perceived spousal support (Hashemi Babaheydari et al., 2020; Moslem Bayat & Ameri, 2022). These outcomes align with broader research on relationship maintenance behaviors, which highlight the importance of both behavioral and attitudinal changes in sustaining marital satisfaction (Bean et al., 2020; Işık & Kaya, 2022).

The COVID-19 pandemic introduced additional stressors for married couples, amplifying the relevance of effective marital interventions (Işık & Kaya, 2022; Wang et al., 2020). Lockdowns, economic uncertainties, and increased domestic responsibilities have been associated with elevated marital tensions, underscoring the necessity of adaptive conflict resolution styles and emotional regulation strategies (Harris et al., 2021; Kim & Yeo, 2020). In such contexts, interventions that address both the psychological and cultural dimensions of marital relationships may be particularly beneficial (Salari Far, 2021; Shah, 2022).

The present study aims to compare the effectiveness of Lazarus's multimodal therapy and Islamic approach-based marital skills training on marital satisfaction and conflict among couples in Isfahan. By evaluating these two distinct yet potentially complementary interventions, the study seeks to provide evidence on which approach—or combination—yields more sustainable improvements in relationship quality. Given the documented strengths of each model in addressing cognitive, emotional, and relational domains (Lazarus, 2020; Lotfi, 2025; Moslem Bayat & Ameri, 2022), it is hypothesized that both will produce significant gains in marital satisfaction and reductions in conflict, albeit through different underlying mechanisms.

2. Methods and Materials

2.1. Study Design and Participants

This study was applied in purpose and adopted a quasi-experimental design with a pretest–posttest format, including two experimental groups and one control group.

The aim was to examine the effects of two interventions—Lazarus's multimodal therapy and Islamic-oriented marital skills training—on marital satisfaction and marital conflicts among couples. The first experimental group received multimodal therapy, while the second experimental group received marital skills training based on Islamic perspectives. The control group received no intervention during the study period. The statistical population consisted of couples attending psychology centers and clinics in Isfahan during the second half of 2023. Based on the principle that semi-experimental studies require at least 15 participants per group (Delavar, 2019), and accounting for possible attrition, 60 individuals (30 couples) who, according to clinic records, demonstrated low levels of marital adjustment and reported dissatisfaction with their marital life, were selected through convenience and voluntary sampling. They were then randomly assigned in equal numbers to three groups of 20 participants each (10 couples per group). Participants in the three groups were matched for age and educational level. Before random assignment, all participants completed the Marital Satisfaction Questionnaire and the Marital Conflicts Questionnaire as a pretest. At the end of the interventions, all groups completed the same questionnaires as a posttest. The high level of interest expressed by participants after the researcher's explanation led to full attendance throughout the intervention, with only a few minor absences of one or two sessions. No incomplete questionnaires were returned due to clear instructions to respond carefully to all items.

Eligibility criteria included holding at least a bachelor's degree, absence of severe physical illnesses, no history of psychiatric diagnosis, hospitalization, or psychiatric medication use, non-participation in any concurrent psychological or educational programs, and voluntary informed consent to participate. Exclusion criteria included expressing unwillingness to continue participation, missing more than two sessions, submitting incomplete pretest responses, or engaging in any other concurrent psychological training or therapy during the study.

2.2. Measures

The ENRICH Marital Satisfaction Questionnaire (1998), in its 47-item version developed by Olson, was used to assess marital satisfaction. It measures 12 subscales, including idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship,

parenting, family and friends, egalitarian roles, and religious orientation. The questionnaire uses a five-point Likert scale ranging from “strongly agree” to “strongly disagree,” scored from one to five points. In a study by Mirkheshti (1996), the Cronbach’s alpha coefficient was 0.92, indicating high internal consistency. Mahdavian (1997) reported test–retest reliability over one week as 0.937 for men, 0.944 for women, and 0.94 for the total sample. Subscale reliabilities ranged from 0.62 to 0.87, covering all dimensions of marital satisfaction. In the present study, Cronbach’s alpha reliability was calculated at 0.95, confirming excellent internal consistency for this sample.

The Marital Conflicts Questionnaire, developed by Sanaei and Barati (2008), was used to assess seven primary dimensions of marital conflict based on clinical experience. The instrument consists of 42 items, each rated on a five-point scale, with scores ranging from 42 to 210. Higher scores indicate greater conflict, while lower scores reflect better relational quality (Sanaei, 2010). Content validity was confirmed through expert review, and during item analysis, 13 items were removed from the original 55-item version based on low correlations with total scores. In Khazaei’s (2006) study, all component scores showed significant correlations (0.31 to 0.82) with total marital conflict scores at the 0.01 level. Soleimani (2013) reported Cronbach’s alpha values of 0.71 for the total scale and subscale reliabilities of 0.73 (reduced cooperation), 0.60 (reduced sexual relationship), 0.74 (increased emotional reactions), 0.81 (increased child support seeking), 0.65 (increased personal relationships with own relatives), 0.81 (reduced family relationships with spouse’s relatives and friends), and 0.69 (separation of financial matters). In the present study, Cronbach’s alpha coefficients for the subscales were 0.80, 0.78, 0.82, 0.85, 0.79, 0.76, and 0.80, respectively, with an overall reliability coefficient of 0.78 for the total questionnaire.

2.3. Interventions

The Lazarus multimodal therapy intervention was delivered in eight 90-minute group sessions, each addressing the seven modalities of the BASIC-ID framework (Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal relationships, and Drugs/biology) through a structured, sequential process. The first session focused on establishing group goals, presenting group rules, fostering rapport, and signing a therapeutic contract, alongside conducting an initial assessment interview and

administering baseline questionnaires to identify the degree of marital dissatisfaction and conflicts. The second session employed “bridging” and “tracking” strategies to determine the specific sequence and interaction of modalities for each couple, as well as identifying accelerators, maintaining factors, and significant life events influencing the presenting problems, supplemented by a comprehensive life history questionnaire. The third session involved constructing a personality profile for each participant, integrating a treatment plan and tailored techniques for each modality, with an emphasis on skill-building relevant to marital functioning. The fourth session targeted the affective modality, introducing coping strategies to address emotional triggers within the marital relationship, identifying personal responsibility in marital tensions, recognizing the roots of dissatisfaction and conflict, and exploring the impact of unresolved past injuries on current relational distress. The fifth session taught progressive muscle relaxation and breathing control to help couples recognize and regulate early signs of tension, with in-session practice and between-session assignments to reinforce skill acquisition. The sixth session introduced guided imagery techniques to enhance positive self and partner images, strengthen self-concept, and improve visual-spatial skills, incorporating methods such as the “whiteboard technique” to facilitate mental clarity and emotional re-framing. The seventh session focused on cognitive techniques, particularly cognitive restructuring, to help participants challenge maladaptive beliefs, reduce generalized anxiety, and mitigate secondary stress-related effects. The eighth and final session emphasized effective interpersonal communication skills, discussing the definition and components of marital satisfaction, and linking communication competence to the fulfillment of needs as conceptualized in Maslow’s hierarchy, with practice in active listening, assertiveness, and conflict de-escalation strategies aimed at reducing marital discord.

The Islamic-oriented marital skills training program consisted of eight weekly 120-minute sessions, grounded in the principles and content of the “Marital Skills with an Islamic Perspective” framework (Salarifar, 2021) and informed by Qur’anic guidance, particularly verse 189 of Surah Al-A’raf and verse 21 of Surah Ar-Rum, as operationalized in the marital skills curriculum developed by Monjazi, Shafiabadi, and Soudani (2012). The first session introduced participants to one another, outlined the logic and objectives of the program, established group norms, and secured commitments to regular attendance and active

participation. The second session addressed love and intimacy in marriage, including discussions on the natural decline of passionate love over time, factors that influence marital closeness, and strategies for identifying strengths and growth areas in the relationship. The third session combined assertive expression skills with active listening training, modeling constructive verbal exchanges, reinforcing daily affirmations, normalizing marital conflict, and teaching structured problem-solving approaches to disagreements. The fourth session provided targeted training in problem-solving, highlighting the role of self-perception, identifying barriers, and guiding participants through the sequential stages of resolving issues effectively. The fifth session addressed sexual intimacy, reviewing prior assignments, explaining the importance of sexual relations, detailing the sexual response cycle, and identifying psychological and behavioral inhibitors of healthy sexual functioning. The sixth session integrated financial management with discussions on values and religious beliefs, covering family financial planning, attitudes toward money, long- and short-term goal setting, and incorporating Islamic values into decision-making, child-rearing, and family cohesion. The seventh session explored the role of extended family dynamics and the parent-child relationship, teaching balance between closeness and autonomy, flexibility, and resilience in response to crises, and strategies for managing children's undesirable behaviors. The eighth and final session served as a closure, reviewing key concepts

from all sessions, eliciting participants' reflections on their learning, and exploring their emotional responses to the conclusion of the group, while reinforcing commitment to applying the skills in daily marital life.

2.4. Data Analysis

Data analysis was performed using SPSS statistical software. Descriptive statistics, including means and standard deviations, were used to summarize demographic and baseline characteristics of the participants. For inferential analysis, analysis of covariance (ANCOVA) was conducted to compare posttest scores between groups while controlling for pretest scores, thereby adjusting for baseline differences. The normality of data distribution was assessed using the Kolmogorov-Smirnov test, and Levene's test was used to verify the homogeneity of variances. All statistical tests were conducted at a significance level of 0.05.

3. Findings and Results

The descriptive analysis of marital satisfaction and marital conflict was conducted across the two experimental groups (Lazarus's multimodal therapy and Islamic-oriented marital skills training) and the control group at three measurement points: pretest, posttest, and follow-up. The descriptive indicators provide an initial understanding of the changes in the dependent variables over time before proceeding to inferential analysis.

Table 1

Descriptive Statistics for Marital Satisfaction and Marital Conflict Across Groups and Measurement Stages

Variable	Group	Stage	Mean	Standard Deviation
Marital Satisfaction	Lazarus	Pretest	118.00	14.57
		Posttest	146.70	16.71
		Follow-up	133.30	13.92
	Islamic-oriented	Pretest	119.10	19.71
		Posttest	148.05	17.75
		Follow-up	135.05	15.08
	Control	Pretest	117.90	3.82
		Posttest	118.15	4.83
		Follow-up	118.85	5.06
Marital Conflict	Lazarus	Pretest	149.90	16.40
		Posttest	124.15	15.17
		Follow-up	130.00	15.48
	Islamic-oriented	Pretest	149.95	12.85
		Posttest	121.65	11.87
		Follow-up	126.35	11.15
	Control	Pretest	151.50	11.88
		Posttest	149.95	11.40
		Follow-up	151.20	11.98

The descriptive results indicate that both experimental groups showed a clear increase in marital satisfaction from pretest to posttest, followed by a slight reduction at follow-up, though the follow-up scores remained notably higher than the pretest levels. In contrast, the control group’s marital satisfaction scores remained relatively stable across all three measurement points. For marital conflict, both experimental groups exhibited a substantial decrease from pretest to posttest, with a slight increase at follow-up, though the follow-up scores still reflected lower conflict levels compared to baseline. The control group’s conflict scores showed negligible change across all stages. These descriptive patterns suggest that both interventions were associated with improvements in marital satisfaction and reductions in marital conflict, while no meaningful changes occurred in the control group.

Before conducting the main analysis, the assumptions underlying the use of analysis of variance were examined.

The Kolmogorov–Smirnov test indicated that the distribution of scores for all dependent variables in each group met the assumption of normality, as the significance values were greater than 0.05. Levene’s test results showed no significant differences in the variance of dependent variables across the groups at any measurement stage, confirming the assumption of homogeneity of variances. The Box’s M test also yielded a non-significant result at the 0.001 level, indicating that the covariance matrices were homogeneous across groups, thus supporting the validity and reliability of the subsequent ANCOVA results. However, Mauchly’s test of sphericity for the within-subjects factor (time) was significant, indicating a violation of the sphericity assumption; therefore, the Greenhouse–Geisser correction was applied in the repeated-measures analysis, given that the epsilon value was below 0.80.

Table 2

Analysis of Covariance for Marital Satisfaction and Marital Conflict

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Marital Satisfaction	Time (Greenhouse–Geisser)	31,158.358	1.597	19,508.127	764.845	.000	.910
	Time × Group (Greenhouse–Geisser)	14,926.208	4.792	3,115.080	122.131	.000	.828
	Error	3,096.100	121.387	25.506			
Marital Conflict	Time (Greenhouse–Geisser)	25,374.658	1.715	14,796.900	1,865.363	.000	.961
	Time × Group (Greenhouse–Geisser)	8,938.842	5.145	1,737.523	219.040	.000	.896
	Error	1,033.833	130.330	7.932			

The repeated-measures ANCOVA results indicated that the main effect of time was significant for marital satisfaction ($p < .001$), with a very large effect size ($\eta^2 = .910$), suggesting that 91% of the variance in marital satisfaction changes over time was explained by the intervention periods. The time × group interaction was also significant ($p < .001$, $\eta^2 = .828$), indicating that the pattern of change differed across groups. For marital conflict, the

main effect of time was significant ($p < .001$, $\eta^2 = .961$), showing that 96% of the variance in marital conflict reduction over time was attributable to the interventions. The time × group interaction was also significant ($p < .001$, $\eta^2 = .896$), confirming that changes in conflict levels varied across the groups. These findings suggest that both interventions produced meaningful improvements over time, with distinct patterns compared to the control group.

Table 3

Bonferroni Post Hoc Comparisons for Marital Satisfaction and Marital Conflict

Dependent Variable	Comparison	Mean Difference	Std. Error	Sig.	95% CI Lower Bound	95% CI Upper Bound
Marital Satisfaction	Group 1 (Olson) – Lazarus	16.083	4.206	.002	4.689	27.478
	Group 1 (Olson) – Islamic	14.683	4.206	.005	3.289	26.078
	Group 1 (Olson) – Control	30.450	4.206	.000	19.056	41.844
	Lazarus – Islamic	-1.400	4.206	1.000	-12.794	9.994
	Lazarus – Control	14.367	4.206	.006	2.972	25.761
	Islamic – Control	15.767	4.206	.002	4.372	27.161
Marital Conflict	Lazarus – Islamic	2.033	4.120	1.000	-9.127	13.194
	Lazarus – Control	-16.200	4.120	.001	-27.361	-5.039
	Islamic – Control	-18.233	4.120	.000	-29.394	-7.073

The Bonferroni post hoc analysis for marital satisfaction revealed that all experimental groups scored significantly higher than the control group ($p < .01$). The Olson group achieved the highest mean scores, followed by the Islamic-oriented and Lazarus groups, with no significant difference between the latter two. For marital conflict, both experimental groups demonstrated significantly lower conflict scores compared to the control group ($p < .01$), but there was no significant difference between the Lazarus and Islamic-oriented interventions. These results suggest that while both interventions were equally effective in reducing marital conflict, the Olson approach appeared to yield a slightly greater improvement in marital satisfaction.

4. Discussion and Conclusion

The results of the present study demonstrated that both Lazarus's multimodal therapy and Islamic approach-based marital skills training significantly increased marital satisfaction and reduced marital conflicts among couples in Isfahan. These findings indicate that interventions targeting multiple psychological and relational domains can produce meaningful changes in couples' relationships. The effectiveness of both approaches supports the notion that marital satisfaction is multifactorial in origin and can be enhanced through structured, evidence-based training that addresses both behavioral and cognitive-emotional dimensions (Lazarus, 2020; Lotfi, 2025; Moslem Bayat & Ameri, 2022).

The significant improvement in marital satisfaction following Lazarus's multimodal therapy is consistent with prior studies emphasizing the model's capacity to address complex relational problems through its BASIC I.D. framework (Iranizadeh et al., 2020; Lazarus, 2020). This approach systematically assesses and intervenes across behavior, affect, sensation, imagery, cognition, interpersonal relationships, and biological factors, thus enabling therapists to design highly individualized treatment plans. By addressing these diverse modalities, couples are equipped not only with communication and problem-solving skills but also with emotional regulation strategies and cognitive restructuring techniques, which are essential for sustaining marital harmony (Bean et al., 2020; Hakimi Dezfouli & Ebrahimpour, 2024).

Similarly, the improvement in marital satisfaction and reduction in conflicts in the group receiving Islamic approach-based marital skills training confirms the effectiveness of culturally tailored interventions in

enhancing relationship quality (Salari Far, 2021; Shah, 2022). Islamic marital skills programs emphasize mutual respect, compassion, patience, and adherence to ethical principles derived from Qur'anic teachings and prophetic traditions. The cultural congruence of such interventions can enhance receptivity, commitment to change, and long-term adherence to learned skills (Moslem Bayat & Ameri, 2022; Thanagouizadeh, 2021). These results align with findings by Hashemi Babaheydari et al., who demonstrated that Islamic-based marital enrichment programs significantly reduced marital disengagement and improved positive relational behaviors (Hashemi Babaheydari et al., 2020).

An interesting observation in the present study was that while both approaches yielded significant positive outcomes, the mechanisms underlying these changes may differ. Lazarus's multimodal therapy is rooted in cognitive-behavioral principles and focuses on restructuring maladaptive patterns across multiple domains (Lazarus, 2020; Stone et al., 2022), whereas the Islamic approach integrates psychological skills with moral-spiritual guidance, fostering a shared ethical framework for marital life (Salari Far, 2021; Shah, 2022). This dual pathway to improvement reflects broader literature suggesting that effective marital interventions can be based on secular, evidence-driven models or culturally embedded frameworks, provided they address the core determinants of satisfaction and conflict (Bijani et al., 2023; Nematzadeh Getabi et al., 2022).

The findings also resonate with previous research showing that marital communication, conflict resolution styles, and spousal support are critical predictors of relationship outcomes (Bean et al., 2020; Işık & Kaya, 2022). In the multimodal therapy group, the structured focus on problem-solving and communication likely improved partners' ability to address disagreements constructively, reducing the escalation of conflicts. In the Islamic marital skills group, the emphasis on empathy, patience, and spiritual accountability may have created a relational climate that discourages hostility and encourages forgiveness (Moslem Bayat & Ameri, 2022; Thanagouizadeh, 2021).

The reduction in marital conflicts observed in both groups also supports prior evidence that targeted marital interventions can effectively disrupt maladaptive interaction cycles (Khatibi & Meghrazi, 2023; namani & Dehmardeh, 2020). Research indicates that unresolved conflicts contribute to emotional withdrawal, negative attributions, and diminished intimacy (Bijani et al., 2023; Nematzadeh Getabi et al., 2022). By improving communication and

fostering positive emotional exchanges, both intervention models likely reduced the frequency and intensity of conflicts, thereby enhancing overall relationship satisfaction (Hakimi Dezfouli & Ebrahimpour, 2024; Lotfi, 2025).

The improvement in satisfaction also aligns with studies highlighting the role of emotional regulation, self-compassion, and resilience in sustaining marital harmony (Hakimi Dezfouli & Ebrahimpour, 2024; Maftei, 2022). In multimodal therapy, emotional regulation is addressed through techniques such as relaxation training, imagery rescripting, and cognitive reframing (Iranizadeh et al., 2020; Lazarus, 2020), while in Islamic marital skills training, it is fostered through spiritual practices, moral reflection, and value-based communication (Salari Far, 2021; Thanagouizadeh, 2021). Both approaches strengthen couples' capacity to respond to stressors without resorting to destructive behaviors.

Furthermore, the present study's results are particularly relevant in light of the additional marital stressors introduced during and after the COVID-19 pandemic. Evidence suggests that pandemic-related factors such as lockdowns, economic uncertainty, and increased domestic burdens exacerbated marital tensions (Işık & Kaya, 2022; Wang et al., 2020). In this context, interventions that equip couples with effective communication strategies, emotional coping skills, and mutual support mechanisms are crucial (Harris et al., 2021; Kim & Yeo, 2020). The current findings provide empirical support for deploying both secular and culturally embedded approaches to address these heightened challenges.

Finally, the comparable effectiveness of the two interventions has important implications for marital counseling practice in culturally diverse contexts. In societies where religious values are central to personal identity and social norms, Islamic-based marital skills programs may achieve higher participant engagement and long-term adherence (Moslem Bayat & Ameri, 2022; Shah, 2022). Conversely, multimodal therapy offers a flexible, evidence-based framework that can be adapted to clients with varied cultural and spiritual orientations (Lazarus, 2020; Stone et al., 2022). The choice between these approaches—or a possible integration of both—should be guided by the couple's preferences, cultural background, and presenting issues.

Despite its strengths, the present study has several limitations. First, the relatively small sample size (20 couples per experimental group) may limit the generalizability of the findings to broader populations.

Larger, more diverse samples would be needed to confirm the observed effects. Second, the study relied on self-report questionnaires to assess marital satisfaction and conflict, which are subject to social desirability bias and may not fully capture the complexity of couples' interactions. Third, the absence of long-term follow-up data restricts conclusions about the sustainability of the observed improvements. Additionally, the study was conducted in a single urban setting in Isfahan, which may limit its applicability to rural populations or other cultural contexts. Finally, potential therapist effects—differences in skill, experience, and adherence to intervention protocols—were not controlled for, which could have influenced the outcomes.

Future studies should aim to include larger and more demographically diverse samples to enhance the external validity of the findings. Longitudinal research designs incorporating follow-up assessments at six months and one year would help determine the durability of intervention effects. Comparative studies could also explore the integration of multimodal therapy with Islamic marital skills training to examine potential synergistic effects. Moreover, employing mixed-methods approaches, including qualitative interviews and behavioral observations, could provide deeper insights into the mechanisms of change underlying each intervention. Finally, future research should investigate the role of moderators such as gender, length of marriage, and baseline levels of religious commitment in determining intervention effectiveness.

From a practical standpoint, the findings of this study support the use of both Lazarus's multimodal therapy and Islamic approach-based marital skills training as viable options for improving marital satisfaction and reducing conflicts. Counselors and therapists should consider cultural context, client preferences, and individual differences when selecting an intervention model. In contexts where religious values are deeply embedded, Islamic-based programs may foster greater engagement and alignment with clients' worldviews, while multimodal therapy offers a versatile structure suitable for varied populations. Training programs for marital counselors should include exposure to both approaches, enabling practitioners to tailor interventions to the unique needs of each couple. Moreover, policymakers and community organizations could consider integrating these programs into family support services to promote marital stability and family well-being on a broader scale.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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