

Severity of Marital Distress and Subsequent Activation of Support Systems among Christians in an East African Metropolis

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ABSTRACT

Marital distress is a prevalent problem with adverse effects among married persons. The aim of the study was to establish the severity of marital distress among married persons in selected churches in the East African city of Nairobi, Kenya. The study also sought to assess the support systems the participants utilized to cope with marital problems. A cross-sectional research design was used for the study, and the sites and participants were purposively selected. A total of 204 married persons drawn from churches in Nairobi were recruited to participate in the study. Data was collected using a social demographic questionnaire and the Locke Wallace Marital Adjustment Test (MAT). Descriptive and inferential data analyses were performed using Statistical Package for Social Sciences Version 27 (SPSS). ANOVA was carried out to assess the association between variables. The study found that among those affected by marital distress, high marital distress was more common. The number of support systems activated was significantly associated with the severity of marital distress ($p=0.01$). The study found that most married people in church do not seek help, and when they do, they are most likely to turn to the clergy. Marital counselling was an underutilized option, with main barriers including lack of a therapist, prohibitive cost of therapy, conflicting schedules with spouses, and spouses unwilling to attend therapy. The study recommends that the church have a robust program to support couples, the clergy acquire skills to handle marital distress, and for the church to have professional referral networks in order to support those facing marital distress.

Key words: marital distress, marital satisfaction, support systems

INTRODUCTION

A marriage that is satisfying and enduring is an important life goal or ideal that many people strive for (Billari & Liefbroer, 2016; Foran, Whisman & Beach, 2015; Holding et al., 2019; Smock & Schwartz, 2020). Despite high divorce rates and the increase of cohabitation in modern society (Karney & Bradbury, 2020) marriage is still desired and valued (Billari & Liefbroer, 2016). Couples go into marriage with expectations of honest communication, sharing similar values and providing mutual caring treatment (Vaterlaus et al., 2016) as well as autonomy (Holding et al., 2019). However, marriage may not be always satisfying for some couples leading to varying levels of marital distress (Karney & Bradbury, 2020).

Marital distress is an individual response to problems and threats in the marital relationship that is experienced and manifested by couples in different ways (Paprocki & Baucom, 2017). A marriage is considered distressed the moment one partner experiences the relationship as distressed. Further, marital distress is not a purview of the legally joined; the experience of relational distress extends similarly across couples in long standing committed relationships. Studies show that marital satisfaction is a central predictor for both relational and individual wellbeing (Dobrowolska et al., 2020). Every marriage faces challenges that are heightened during life and family transitions as well as personal difficulties (Lebow et al., 2012). Many couples navigate through the ups and downs with varying degrees of success. However, in some marriages, the couple or one spouse develops chronic dissatisfaction, disappointment, and discontent with the relationship. Distressed couples

struggle to maintain a healthy relationship and are more prone to spiraling down into conflict, negative communication patterns, emotional difficulties, the inability to resolve problems, and eventually the end of the marriage.

In East Africa, distress in marriage is present, with pooled Demographic and Health Surveys from East African countries indicating a 20% marital dissolution rate (Odimegwu et al., 2017). In Kenya, marriages are experiencing similar challenges. A nationwide study done by Oladipo et al. (2013) revealed a 10% divorce rate among the respondents in church, which points to the presence of marital distress among Christian couples. Later, Webbo (2017) assessed marital satisfaction and 33% reported that they were experiencing marital distress. Other studies have pointed to a higher occurrence of marital distress among Christians. More recently, Aseka et al. (2024) found a 53.3% prevalence of marital distress in a Christian Sample in Nairobi.

Effects of marital distress are far reaching, impacting individual, work, and social domains (Whisman & Baucom, 2012). Distress in a couple relationship is associated with impaired behavioral, cognitive, and affective functioning (APA, 2013). In addition, studies show that marital distress can be a chronic source of stress with negative mental and physical health consequences (Paprocki & Baucom, 2017). Existing research has established a strong link between marital distress and an increased risk of physical health problems. Those individuals experiencing marital distress often report a higher number and intensity of physical symptoms, including cardiovascular issues, chronic pain, and overall functional impairment. Notably, the relationship between marital distress and physical well-being is not unidirectional; poor physical health can also exacerbate marital distress, creating a cyclical pattern of deteriorating health and relationship quality (Dobrowolska et al., 2020).

Couples face various challenges in accessing and benefitting from therapy. These challenges include conflicting work schedules, tedious jobs, and inadequate living arrangements such as lack of privacy which affect the couple's ability to learn and apply the intervention exercises through practice. The challenges also include geographical issues that limit access to a couple therapist, limited time, financial constraints, limited childcare options and concerns about going to therapy anonymously (Hubbarb & Harris, 2020).

Given the negative consequences of marital distress, it is critical to comprehend how it manifests, the extent to which it occurs and where couples experiencing this challenge turn for support.

METHODS

The study used a cross sectional research design. Purposive sampling a non-probability sampling method was used to select sites and participants according to their accessibility and availability (Elfil & Negida, 2017). The Locke Wallace Marital Adjustment Test (MAT) was used to assess for the level and severity of marital distress. Descriptive and inferential data analyses were performed using Statistical Package for Social Sciences Version 27 (SPSS). ANOVA was carried out to assess the association between variables.

RESULTS

Social Demographic Characteristics

A total of 204 respondents with an average age of 41.32 years ($SD = 8.05$) participated in the study. Regarding age, the respondents ranged from 20 years to over 51 years where the highest reported age was among the 41-50 years (39.9%) followed by 36-40 years (26.6%). Only 0.98% respondents were in the age group 20-25 years and thus majority of the sample were middle aged (26-50 years). Marital duration ranged from 0-5 years (20.7%) to over 31 years (2.96%). The marital duration ranges with the highest distribution were for those who had been married for 6-10 years (23.6%) which had an equal distribution with those who had been married for 11-15 years (23.6%).

Social Support Systems

The study found that participants utilized various types of social support and some engaged several social

support systems when experiencing marital challenges. Majority of the respondents had no source of support (20.7%) and when help was sought the respondents were more likely to seek support from clergy (12.8%), followed by friends (7.9%), then parents (6.4%). Only 2.95% sought help from counselors. The findings indicate that those who had one support system were 50.2%. Those with multiple sources of support were 29.1% with 10.8% seeking help from two sources, 9.4% seeking help from three sources and 18% seeking help from more than 4 sources.

Perceived Barriers to Seeking Marriage Counselling

The study identified the challenges married people in the church face as they seek professional help for marital issues. Respondents were asked to indicate the perceived challenges in seeking therapeutic marital services. Over half of them 57.3% indicated lacking a marriage therapist, whereas 51.5% indicated financial constraints, 49% had concerns for their privacy, and 46.6% had no time for counselling, 46.1% cited conflicting schedules with the partner, 37.4% said their partner was unwilling to go for therapy. Problems related to childcare when attending therapy were experienced as a barrier by 22.8% of the respondents. Hence, for most of the respondents the prevalent challenges revolved around lack of a marriage therapist, financial constraints, privacy concerns or finding time for counselling.

The Level and Severity of Marital Distress

The level of marital distress was based on the scores from the MAT questionnaire.

Table 1. The Severity of Marital Distress

Severity Status	Total	
	N	%
High marital distress (0-85)	83	40.7%
Moderate marital distress (86-100)	32	15.7%
Moderate marital satisfaction (101-129)	66	32.4%
High marital satisfaction (130-158)	23	11.3%
Total	204	100%

Table 1 presents the severity of marital distress among the respondents. Based on the findings, 40.7% of the respondents reported having high marital distress, whereas 15.7% had moderate marital distress. Among those with marital satisfaction, 32.4% had moderate marital satisfaction and 11.3% had high marital satisfaction. Hence, on severity of marital distress, more respondents reported with high marital distress.

Social Support Systems and Marital Distress

Table 2. Marital Distress Based on Number of Social Support Systems

Number of support systems	Support system	N	%	MAT mean	p
None	No one	42	20.7%	94.48	.010
One source	Friends	16	7.9%	91.69	
	Parents	13	6.4%	101.46	
	Best couple	12	5.9%	100.50	
	Pastor	26	12.8%	89.08	
	Counselor	6	2.95%	96.50	

	Self	2	0.98%	107.00
	Siblings	4	1.97%	74.00
	Ourselves	5	2.5%	129.80
	God/prayer	6	2.95%	114.83
	MCCG/SG	1	0.5%	81.00
	Other	9	4.4%	95.33
	Mentors	2	0.98%	105.00
	Total	102	50.2%	96.90
Multiple sources	Two sources	22	10.8%	92.68
	Three sources	19	9.4%	92.37
	More than 4 sources	18	8.9%	53.94
	Total	59	29.1%	80.76
Total		203	100%	91.71

Table 2 represents the comparison of means of marital distress based on the number of sources of social support. According to Table 2, the respondents utilized various sources for support in their marriage and the ANOVA (p-value) shows that there was a difference in means of marital distress based on the number of social support systems ($p=.010$).

DISCUSSION

This study aimed to determine the severity of marital distress among married persons in the selected churches and evaluate the sources of support for married persons when faced with marital distress. This study found that 40.7% of the respondents reported having high marital distress, whereas 15.7% had moderate marital distress. Among those with marital satisfaction, 32.4% had moderate marital satisfaction and 11.3% had high marital satisfaction. Hence, on severity of marital distress, more respondents reported with high marital distress. In a study that was carried out among married couples drawn from the Catholic Archdiocese of Nairobi, Kenya, the researchers established that marital stability could be classified as low, moderate and high (Gabriel et al., 2024). This finding indicates that as in the current study, marital satisfaction exists along a spectrum, presenting in varying ways and degrees. In the current study, the range was high marital distress, moderate marital distress, moderate marital satisfaction, and high marital satisfaction. Gabriel et al. (2024), targeted married persons in multiple Catholic churches in Nairobi. The study findings indicated that 17% of the participants had low marital stability, 57% had moderate marital stability while 41.3% had high marital stability. This finding suggests that there is need for professional marriage counseling in church to support couples handling more severe forms of marital distress.

The study found that there was marital distress and that among those affected, there was more severe marital distress. It was therefore essential to explore where the respondents turned for support in the face of the ongoing challenge. The findings of the study showed that the respondents utilized various sources for support in their marriage. Majority utilized social support systems with some having multiple systems of social support. The highest distribution was for those who consulted no one (20.7%), followed by pastors (12.8%), then friends (7.9%), parents (6.4%) and best couple (6.3%). The ANOVA (p-value) showed that there was a difference in means of marital distress based on the number of social support systems that participants utilized ($p=.010$). This suggests that the more distress a person experienced the more sources of support they activated. This implies that marital distress was significantly associated with more help seeking behaviors. This finding is supported by Hubburb and Harris (2020), who found that when couples were faced with stressors, they activated various support systems including friends, family and therapy. Coping skills for dealing with

dynamic, chronic and acute stressors as individuals and as a couple vary and couples without the necessary coping skills and assistance, couples can experience a rise in marital distress (Paprocki & Baucom, 2017). The finding of this study suggests that the more severe the stressor the more coping resources that a married person utilizes. This finding is important because it suggests possible avenues for supporting marriages in distress. One way the church can create can support couples is by incorporating teachings and psychoeducation on how to build satisfying marriages and handle marital distress into its programming to improve knowledge for friends, parents, and best couples whom those experiencing marital distress are likely to seek help from.

In addition, this study findings suggests that the clergy has an important role to play in the response to marital distress in the church. Reliance on the clergy for help was one of the main ways married participants in this study coped with marital problems. This suggests that it is critical that clergy have the requisite knowledge and skills to support those experiencing marital issues and those grappling with distress. Other studies have found that the church is underprepared in this area. Simiyu (2021) in a qualitative study that examined the effects of divorce among Christians, found that participants credited lack of support when facing marital issues as a contributor to marital breakdown. Specifically, participants pointed out that church leaders and the church provided inadequate support. The study concluded that the church's efforts to support struggling marriages and prevent marital distress appear insufficient. DeRose et al. (2021) support this assertion, finding that religious institutions have underutilized the opportunity to address marital distress within the church.

Despite the proliferation of couples therapy (Paprocki & Baucom, 2017), and the increasing number of psychologists, the uptake of marital counseling was low among respondents, with only 2.95% seeking a counselor for marital problems. There were several challenges that the respondents encountered while trying to access professional marriage counseling. More than half of the participants (57.3%) indicated that they did not find a marriage therapist, while 51.5% said they could not afford it, 46.6% said they did not have time for counseling, and 37.4% said their partner was unwilling to go for therapy. Therefore, the majority of respondents' main concerns were not having a marriage therapist, having limited funds, worries about their privacy or finding time for counseling. These findings are comparable to the findings of Williamson et al. (2019) who assessed the help seeking behaviors of the couples over time. Several challenges were identified in the study that kept couples from utilizing therapy including costs, not being sure of where and from whom to get help from, and partners, specifically the husband being unwilling to attend therapy. The study further found that attitudes about what source of support would be helpful affected help seeking with more male participants reporting that friends were likely to be of more assistance than therapists. In contrast to the current study, Williamson and colleagues found that 31% of the participants had at one time thought of seeking therapy. In addition, the study found that those who had undertaken premarital programs and those who knew someone who had been to couples' therapy were more likely to seek therapy. This finding provides a possible explanation as to why the current study found such a low uptake of counseling. It is possible that the target population was uncertain about marital therapy due to lack of experience either in person or through family or friends. Consistent with the findings of this study, literature shows access to therapy is lined with multiple obstacles including time constraints, high costs, and difficulty accessing a therapist (Hubbarb & Harris, 2020; Wittenborn et al., 2024). This suggests that therapists targeting married persons need to consider factors that can enhance access such as creating awareness of their services, flexible scheduling, flexible payment plans and teletherapy to lower the barriers facing couples. Research has shown the efficacy of couple's therapy and demonstrated that without help, marital distress is chronic (Lebow et al., 2012), therefore the church should take an active stance in linking couples to professional therapists.

CONCLUSION

Marital distress is a common problem among Christians, and when it happens, it is usually severe. This suggests that the church needs to have proactive programs to support couples. As marital distress increases, the person tends to look for external help more frequently, with the clergy identified as one main source of support. Counseling still remains underutilized as an option by couples facing marital distress, despite the growing number of professional counselors. When considering marriage counseling, the inability to find a therapist, prohibitive costs, competing time priorities, and persuading the spouse to attend were the main obstacles married persons had to navigate.

RECOMMENDATIONS

Based on the prevalence of marital distress in the church, the church needs to develop robust programs to support congregants achieve the goal of a satisfying marriage. The clergy remain a vital source of support and should prioritize developing the abilities and networks of referrals required to effectively support couples going through marital distress. Marriage counselors should consider collaborating with churches to improve access to professional help. The church should integrate teachings and psychoeducation to enhance knowledge across board for parents, friends, best couples on ways to build satisfying marriage and handle marital distress in its programming, thus creating a knowledgeable safety net for couples.

REFERENCES

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
2. Aseka, E. O. ., Ireri, N. W., & Menecha, J. B. . (2024). Relationship Between Interactional Styles and Marital Satisfaction Among Christian Married Couples in two Selected Churches in Nairobi County, Kenya. *Journal of Sociology, Psychology and Religious*, 4(2), 1–12. <https://edinburgjournals.org/journals/index.php/journal-of-sociology/article/view/263>
3. Billari, F. C., & Liefbroer, A. C. (2016). Why still marry? The role of feelings in the persistence of marriage as an institution¹. *The British Journal of Sociology*, 67(3), 516–540. doi:10.1111/1468-4446.12202
4. DeRose, L. F., Johnson, B. R., Wang, W., & Salazar-Arango, A. (2021). Couple Religiosity, Male Headship, Intimate Partner Violence, and Infidelity. *Review of Religious Research*, 63(4), 607–627. <https://doi.org/10.1007/s13644-021-00461-2>
5. Dobrowolska, M., Groyecka-Bernard, A., Sorokowski, P., Randall, A. K., Hilpert, P., Ahmadi, K., ... & Sorokowska, A. (2020). Global perspective on marital satisfaction. *Sustainability*, 12(21), 8817. <https://doi.org/10.3390/su12218817>
6. Elfil, M., & Negida, A. (2017). Sampling methods in clinical research; an educational review. *Emergency*, 5(1), 1–3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5325924/>
7. Foran, H. M., Whisman, M. A., & Beach, S. R. H. (2015). Intimate Partner Relationship Distress in the DSM-5. *Family Process*, 54(1), 48–63. doi:10.1111/famp.12122
8. Gabriel, K. A., Mutisya, S., & Egunjobi, J. P. (2024). The Levels of Marital Stability among Married Couples in Selected Parishes in the Catholic Archdiocese of Nairobi, Kenya. *EAS Journal of Psychology and Behavioural Sciences*, 6(02), 34–42. <https://doi.org/10.36349/easjpbs.2024.v06i02.004>
9. Holding, A., Barlow, M., Koestner, R., & Wrosch, C. (2019). Why are we together? A dyadic longitudinal investigation of relationship motivation, goal progress and adjustment. *Journal of Personality*, 00, 1–14. doi:10.1111/jopy.12503
10. Hubbard, A., & Harris, S. (2020). A critical review of help-seeking for couples therapy: Clinical implications and next steps. *Contemporary Family Therapy*, 42(2), 152–162. <https://doi.org/10.1007/s10591-019-09521-w>
11. Karney, B. R., & Bradbury, T. N. (2020). Research on marital satisfaction and stability in the 2010s: Challenging conventional wisdom. *Journal of Marriage and Family*, 82(1), 100–116. doi:10.1111/jomf.12635
12. Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, 38(1), 145–168. doi:10.1111/j.1752-0606.2011.00249.x
13. Locke, H. J., & Wallace, K. M. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living*, 21(3), 251. doi:10.2307/348022
14. Odimegwu, C., Somefun, O. D., & De Wet, N. (2017). Contextual determinants of family dissolution in sub-Saharan Africa. *Development Southern Africa*, 34(6), 721–737. <https://doi.org/10.1080/0376835x.2017.1310029>
15. Oladipo, R. M., Bowen, M., Kuria, M., Mageto, P., M., Munene, A., Ngure, P., & Waithima, A. (2013). A synopsis of the status of the Christian family in Kenya. Daystar University.
16. Paprocki, C., & Baucom, D. H. (2017). Treating relationship distress. In D. McKay, J. S. Abramowitz,

- & E. A. Storch (Eds.), *Treatments for psychological problems and syndromes* (pp. 396–412). Wiley Blackwell. <https://doi.org/10.1002/9781118877142.ch26>
17. Reda, L. (2019, February 28). On marriage and divorce in Egypt. *Egypt Today*. <http://www.egypttoday.com/Article/6/66379/On-Marriage-and-Divorce-in-Egypt>
18. Sandberg, J. G., Yorgason, J. B., Miller, R. B., & Hill, E. J. (2012). Family-to-work spillover in Singapore: Marital distress, physical and mental health, and work satisfaction. *Family Relations*, 61(1), 1–15. doi:10.1111/j.1741-3729.2011.00682.x
19. Simiyu, E. J. (2021). Effects of divorce in the church: a case study of selected CITAM churches in Kenya (CITAM Valley Road, CITAM Woodley, CITAM Ngong). *European Journal of Philosophy, Culture and Religion*, 5(1), 10-30. <https://doi.org/10.47672/ejpcr.779>
20. Smock, P. J., & Schwartz, C. R. (2020). The demography of families: A review of patterns and change. *Journal of Marriage and Family*, 82(1), 9-34. doi:10.1111/jomf.12612
21. Statistics South Africa (2017). *Marriages and divorces, 2015*. <http://www.statssa.gov.za/publications>.
22. Vaterlaus, J. M., Skogrand, L., Chaney, C., & Gahagan, K. (2016). Marital expectations in strong African American marriages. *Family Process*, 56(4), 883–899. doi:10.1111/famp.12263
23. Webbo, R.K., Kihara M., & Karume, M. (2017). Effect of age and marriage duration on marital satisfaction: A case of Christian marriages in Kenya. *The International Journal of Humanities & Social Studies*, 5(8), 9-13. <https://internationaljournalcorner.com/index.php/theijhss/article/viewFile/125759/86748>
24. Whisman, M. A., & Baucom, D. H. (2012). Intimate Relationships and Psychopathology. *Clinical Child and Family Psychology Review*, 15(1), 4–13. <https://doi.org/10.1007/s10567-011-0107-2>
25. Williamson, H. C., Karney, B. R., & Bradbury, T. N. (2019). Barriers and facilitators of relationship help-seeking among low-income couples. *Journal of Family Psychology*, 33(2), 234. <https://doi.org/10.1037/fam0000485>
26. Wittenborn, A. K., Mitchell, E. A., Edwards, C., & Blow, A. J. (2024). Facilitators and barriers to the implementation of emotionally focused couple therapy in a large mental health agency: A preimplementation study. *Couple and Family Psychology: Research and Practice*. Advance online publication. <https://doi.org/10.1037/cfp0000261>