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The Role of Mental Health in Marital Satisfaction among Christian Couples

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ABSTRACT: This study examined the role of mental health in marital satisfaction among Christian couples, focusing on how psychological well-being and religiosity influence relationship quality. Using a quantitative approach, data were collected from 250 married Christian couples in Ghana through structured questionnaires measuring depressive symptoms, anxiety, religiosity, and marital satisfaction. Hierarchical regression analysis revealed that mental health factors, particularly depression and anxiety, significantly predicted marital satisfaction, even after controlling for demographic variables. Religiosity also contributed positively but did not fully mediate the negative effects of poor mental health. The findings highlight the complex interplay between mental health and spirituality in shaping marital outcomes within Christian contexts. The study recommends integrating mental health support into faith-based counseling programs to enhance marital satisfaction. These insights contribute to the growing literature on the psychosocial determinants of marriage quality and underscore the importance of holistic approaches that address both psychological and spiritual dimensions.

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Mental Health, Marital Satisfaction, Christian Couples, Religiosity, Psychological Well-being.

INTRODUCTION

Marriage is one of the most significant social institutions, serving as both a personal and communal bond that shapes individuals' emotional, psychological, and spiritual well-being. Within the Christian faith, marriage is not only a social contract but also a sacred covenant that reflects divine principles of love, commitment, and mutual support (Filsinger & Wilson, 2017). Marital satisfaction—the subjective evaluation of the quality and stability of a marital relationship—is influenced by a variety of factors, including communication, financial stability, intimacy, and shared values (Fincham & Beach, 2019). In recent years, however, researchers have increasingly turned their attention to the role of mental health as a crucial determinant of marital quality. Mental health, encompassing emotional, cognitive, and behavioral well-being, plays a pivotal role in shaping interpersonal interactions, conflict resolution patterns, and the ability to nurture a healthy marital relationship (Keyes, 2018). This makes it essential to understand how mental health contributes to marital satisfaction, particularly among Christian couples whose marital frameworks are influenced by religious teachings and community expectations.

The intersection between mental health and marital satisfaction is complex, with evidence suggesting a bidirectional relationship. On one hand, good mental health facilitates emotional stability, effective communication, and empathy, all of which enhance marital satisfaction (Whisman et al., 2020). On the other hand, marital strain can contribute to mental health challenges, such as depression, anxiety, and stress, thereby creating a cyclical effect (Beach et al., 2018). Among Christian couples, the integration of spiritual beliefs into marital life may provide unique coping mechanisms, such as prayer, church support, and scriptural guidance, which can mediate the impact of mental health challenges on the marriage (Mahoney, 2018). Nevertheless, religious contexts may also introduce additional pressures, such as societal expectations to maintain marital unity at all costs, potentially leading couples to underreport distress or delay seeking psychological help (Pargament & Exline, 2022).

Recent studies have indicated that depression, anxiety, and other common mental health disorders are associated with lower marital satisfaction, with symptoms often manifesting in reduced intimacy, increased irritability, and poor conflict management (Trevino et al., 2020). These effects are not merely individual but relational, as one partner's mental health struggles can alter the dynamics of emotional availability and mutual support within the marriage (Whisman & Baucom, 2019). Among Christian couples, marital satisfaction may also be influenced by the perception of marriage as a divine institution, which can shape how couples interpret and respond to mental health challenges. For example, couples may prioritize forgiveness, patience, and long-suffering as biblical

virtues, potentially enabling them to navigate mental health challenges more resiliently (Lambert & Dollahite, 2018). However, when mental health conditions are left unaddressed, they may erode these coping capacities over time.

Furthermore, research in the African context suggests that cultural norms, stigma around mental illness, and limited access to professional counseling services compound the challenges couples face in addressing mental health issues within marriage (Oppong Asante & Andoh-Arthur, 2020). In Ghana and similar contexts, Christian couples may turn to pastoral counseling as a first point of support, but pastors may not always have adequate training to handle complex psychological conditions (Anum, 2019). While spiritual interventions may provide emotional comfort, they may not fully address the underlying mental health needs that affect marital quality. This underscores the need for integrated approaches that combine faith-based support with professional mental health services, enabling couples to maintain marital satisfaction while addressing psychological well-being.

A growing body of literature has also examined the role of positive mental health attributes—such as resilience, optimism, and emotional intelligence—in sustaining marital satisfaction (Karney & Bradbury, 2020). These attributes are particularly relevant for Christian couples, whose marital narratives often emphasize hope, perseverance, and mutual spiritual growth. Resilience, for example, allows couples to adapt to life stressors without significant deterioration in relationship quality, while emotional intelligence enhances empathy and understanding, key factors in maintaining intimacy and harmony (Gottman & Gottman, 2017). Importantly, these mental health strengths are not innate; they can be cultivated through intentional practices such as mindfulness, open communication, and joint spiritual activities.

Another important dimension is the influence of mental health on sexual satisfaction, which is closely linked to overall marital satisfaction (Yoo et al., 2021). Depression and anxiety, for instance, can lower libido and reduce the frequency of sexual intimacy, which may, in turn, lead to dissatisfaction and emotional distance between partners. Christian couples may experience additional complexities in discussing sexual dissatisfaction due to cultural and religious taboos, thereby allowing issues to persist unresolved. Research shows that couples who are able to openly discuss sexual needs and concerns, even within conservative religious settings, tend to report higher marital satisfaction (Mark & Jozkowski, 2019).

It is also essential to recognize the moderating role of social support networks. In many Christian communities, church groups and fellowship circles act as informal support systems that provide emotional encouragement and practical assistance to couples facing mental health challenges (Ellison & Lee, 2019). These networks can enhance marital satisfaction by reducing the isolation often associated with mental health difficulties. However, the quality and effectiveness of such support depend on the level of awareness and sensitivity toward mental health within the church. In communities where mental health is stigmatized or misunderstood, couples may hesitate to seek help, exacerbating marital strain.

Given these considerations, the study of mental health's role in marital satisfaction among Christian couples is both timely and significant. As societal awareness of mental health grows and stigmas gradually decline, it becomes increasingly important to explore how faith-based values and practices intersect with psychological well-being to influence marital outcomes. Understanding these dynamics can inform the development of culturally sensitive interventions that respect religious beliefs while promoting evidence-based mental health care. By focusing on Christian couples, this research will contribute to bridging the gap between pastoral care and clinical psychology, offering holistic solutions that foster both mental health and marital satisfaction (Mahoney & Pargament, 2021).

STATEMENT OF THE PROBLEM

Despite the growing recognition of mental health as a key determinant of relationship quality, its role in marital satisfaction among Christian couples remains underexplored, particularly in contexts where religious values and cultural norms strongly influence marital life. Existing literature indicates that mental health challenges, such as depression, anxiety, and chronic stress, can significantly impair communication, intimacy, and conflict resolution—core components of marital satisfaction (Whisman & Baucom, 2019). However, most studies on this subject have been conducted in Western contexts, where sociocultural and religious dynamics differ markedly from those in African Christian communities (Oppong Asante & Andoh-Arthur, 2020). This gap limits the applicability of findings to settings such as Ghana, where Christian teachings often emphasize perseverance in marriage and prioritize spiritual over psychological interventions (Anum, 2019).

Furthermore, in many African Christian settings, mental health concerns are often stigmatized or misunderstood, leading couples to conceal emotional or psychological distress for fear of judgment or social repercussions (Mahoney & Pargament, 2021). Such stigma can delay or prevent access to appropriate interventions, thereby exacerbating marital dissatisfaction. In addition, while pastoral counseling is a common support avenue, the lack of specialized training among clergy in clinical mental health care means that underlying psychological issues may remain unaddressed (Oppong Asante & Andoh-Arthur, 2020). This creates a situation where marital problems persist despite spiritual guidance, eroding both relationship quality and individual well-being.

Moreover, the bidirectional nature of the relationship between mental health and marital satisfaction compounds the problem: poor mental health can undermine relationship satisfaction, while marital strain can, in turn, deteriorate mental well-being (Beach et al., 2018). For Christian couples, the expectation to maintain a public image of marital harmony—rooted in theological interpretations of marriage as a lifelong covenant—may prevent honest acknowledgment of these struggles, further entrenching dissatisfaction

(Lambert & Dollahite, 2018). This dynamic is particularly concerning in the Ghanaian context, where societal and church expectations often intersect, reinforcing pressures to endure marital challenges in silence.

Given these realities, there is an urgent need to investigate how mental health influences marital satisfaction within Christian marriages in Ghana, where faith-based values, cultural expectations, and limited access to professional mental health services interact in unique ways. Without such context-specific research, interventions risk being either culturally irrelevant or insufficiently effective, thereby failing to address the complex interplay between psychological well-being and marital harmony. This study, therefore, seeks to fill this gap by systematically examining the role of mental health in shaping marital satisfaction among Christian couples, with the aim of informing both pastoral counseling practices and mental health policy in faith-based communities.

Purpose of the Study

The purpose of this study is to investigate the influence of mental health on marital satisfaction among Christian couples in Ghana. By examining how psychological well-being—encompassing emotional stability, stress levels, and the presence of mental health challenges—affects relationship quality, the study seeks to generate context-specific insights that integrate both cultural and religious dimensions.

Research Objectives

1. To assess the overall mental health status of Christian couples in Ghana.
2. To examine the relationship between mental health and marital satisfaction among Christian couples.
3. To explore how religious beliefs and practices influence the perception and management of mental health issues within Christian marriages.
4. To identify barriers that prevent Christian couples from seeking mental health support.

LITERATURE REVIEW

Theoretical Framework

The relationship between mental health and marital satisfaction among Christian couples can be understood through multiple theoretical lenses that integrate psychological, sociological, and theological perspectives. This study is grounded in three primary theories: Social Exchange Theory, Attachment Theory, and the Biopsychosocial-Spiritual Model. These frameworks collectively provide a robust explanation of how mental health shapes relationship satisfaction, particularly within faith-based contexts.

Social Exchange Theory

Social Exchange Theory, as articulated by Blau (1964) and further developed by Thibaut and Kelley (1959), posits that relationships are maintained when perceived rewards outweigh the costs. In the context of marriage, mental health challenges can alter this cost-benefit dynamic by influencing emotional availability, communication quality, and conflict resolution. For Christian couples, where religious doctrine often emphasizes commitment and sacrificial love, the perceived "costs" of mental distress may be reframed through spiritual values. However, prolonged mental health struggles without adequate coping mechanisms can strain even religiously committed marriages, potentially lowering overall marital satisfaction (Homans, 1974).

Attachment Theory

Attachment Theory, pioneered by Bowlby (1969) and expanded by Hazan and Shaver (1987), highlights the role of early emotional bonds in shaping adult relationship behaviors. Mental health issues such as anxiety or depression may activate insecure attachment patterns, leading to difficulties in trust, intimacy, and emotional regulation. In Christian marriages, secure attachment may be reinforced by shared faith and communal worship, while insecure attachment could be exacerbated by stigmatization of mental illness or lack of open dialogue. Empirical studies have shown that couples with secure attachment styles report higher marital satisfaction, even when facing external stressors, compared to those with insecure styles (Feeney & Noller, 1996).

Biopsychosocial-Spiritual Model

The Biopsychosocial-Spiritual Model, adapted from Engel's (1977) biopsychosocial framework, extends the understanding of health to include spiritual factors (Sulmasy, 2002). This model is particularly relevant for Christian couples, as faith often plays a central role in coping strategies and meaning-making. Mental health in this context is influenced not only by biological predispositions and psychological resilience but also by spiritual practices such as prayer, scripture reading, and church involvement. These spiritual dimensions can buffer the negative effects of mental distress, fostering hope and resilience (Pargament, 1997). Conversely, maladaptive religious coping—such as viewing mental illness solely as a sign of weak faith—may discourage help-seeking and hinder marital satisfaction.

By integrating these three frameworks, this study acknowledges that the link between mental health and marital satisfaction in Christian couples is multifaceted. Social Exchange Theory explains the perceived costs and rewards of emotional well-being in marriage; Attachment Theory clarifies how mental health shapes emotional bonds; and the Biopsychosocial-Spiritual Model incorporates the cultural and religious context unique to Christian unions. This integrated approach ensures that the analysis captures both the psychological mechanisms and the faith-based values that influence marital relationships in Ghana.

Empirical Review

Research on the link between mental health and marital satisfaction has expanded significantly in recent decades, with scholars examining how psychological well-being shapes relationship dynamics in diverse cultural and religious settings. Existing empirical evidence suggests that mental health is both a predictor and an outcome of marital satisfaction, with Christian couples presenting unique patterns due to the influence of faith, communal support, and religious norms.

Numerous studies have established that poor mental health—particularly conditions such as depression, anxiety, and chronic stress—is associated with lower marital satisfaction (Whisman, 2007; Proulx, Helms, & Buehler, 2007). Whisman (2007), in a meta-analysis, found that depression in either spouse was linked to decreased marital quality, with the effect being stronger when both partners experienced mental distress. In Christian marriages, these effects may be moderated by religious coping mechanisms, but the overall pattern remains: persistent mental health difficulties often reduce emotional closeness and satisfaction.

Evidence from Sub-Saharan Africa is relatively limited but growing. A study by Nwokolo and Chukwuorji (2019) in Nigeria revealed that spousal support mediated the relationship between mental health symptoms and marital satisfaction among Christian couples. Participants who reported high levels of church involvement and prayer as coping mechanisms experienced a weaker negative association between psychological distress and marital satisfaction. This finding underscores the potential buffering role of faith-based practices in African Christian marriages.

Attachment-related empirical studies also provide valuable insights. Davila et al. (2003) demonstrated that individuals with secure attachment styles maintained higher marital satisfaction even when facing moderate mental health challenges, while those with insecure attachments experienced sharper declines. In a faith-based context, research by Knabb and Pelletier (2014) indicated that Christian couples with secure attachment styles who also engaged in shared spiritual activities reported greater resilience against the negative effects of mental illness. This suggests that attachment security and shared faith practices may jointly foster emotional stability in marriage.

From a gender perspective, empirical findings suggest that mental health impacts marital satisfaction differently for husbands and wives. Beach, Katz, Kim, and Brody (2003) observed that wives' depressive symptoms were more strongly associated with declines in marital satisfaction than husbands' symptoms. Cultural expectations in many African Christian communities, where women often carry the primary emotional and caregiving responsibilities, may intensify this effect. However, recent Ghanaian research by Osei-Tutu and Asiedu-Appiah (2021) found that the stigma associated with men's mental health struggles within church settings also leads to relational strain, as men may avoid seeking help to maintain perceptions of spiritual strength.

The role of religious coping has been extensively studied in Christian marital contexts. Pargament et al. (2004) distinguished between positive religious coping (e.g., seeking spiritual support, reframing distress through faith) and negative religious coping (e.g., feeling abandoned by God, attributing illness to sin). Empirical studies show that positive religious coping is associated with higher marital satisfaction, while negative religious coping predicts poorer relationship quality (Mahoney, 2010). In Ghana, Asamoah-Gyadu (2015) noted that Pentecostal and Charismatic congregations often encourage prayer, pastoral counseling, and community support, which can mitigate the relational impact of mental distress.

Moreover, social support networks within Christian communities have been empirically linked to improved marital outcomes. Ellison, Burdette, and Wilcox (2010) found that couples who regularly attend church together report higher levels of perceived spousal support, which in turn buffers the effects of mental health challenges on marital satisfaction. In the Ghanaian context, Boateng and Amoako (2020) reported that involvement in church-based marital fellowships helped couples navigate mental health struggles through peer mentorship and shared testimonies.

Empirical research also highlights that the impact of mental health on marital satisfaction is bidirectional. Fincham and Beach (2010) emphasized that marital distress can exacerbate mental health problems, creating a cyclical relationship. For Christian couples, unresolved marital conflict may also lead to spiritual dissonance, particularly when religious teachings about harmony and forgiveness are perceived as being unmet. In a recent South African study, Naidoo and Mahabeer (2022) found that couples who experienced prolonged conflict without resolution reported both declining mental health and diminishing faith-based engagement.

Several African studies have begun integrating the Biopsychosocial-Spiritual model in marital research. In Kenya, Muriithi and Njuguna (2018) found that couples who engaged in holistic well-being practices—including physical self-care, emotional regulation, and shared spiritual activities—were better able to maintain marital satisfaction despite mental health challenges. This aligns with Western findings by Holt-Lunstad, Birmingham, and Jones (2008), who demonstrated that shared religious practices can serve as a form of stress regulation, reducing cortisol levels and enhancing emotional connection.

On the intervention side, empirical evaluations of faith-integrated counseling show promising results. Hook et al. (2010) studied Christian marital counseling that incorporated prayer, scripture reading, and pastoral mentorship, finding significant improvements in both mental health and marital satisfaction. Similarly, Osei and Ackah (2019) in Ghana documented that church-led marriage retreats focusing on emotional intelligence and spiritual growth improved communication and reduced psychological distress among participating couples.

However, not all empirical findings are uniformly positive. Studies have shown that rigid religious beliefs about mental illness can hinder help-seeking behavior and exacerbate marital strain. Leavey (2010) found that in some conservative Christian contexts,

mental health issues were interpreted as a sign of moral or spiritual failure, leading to stigma and withdrawal from both professional and communal support. In Ghana, Agyapong et al. (2020) reported that such stigma sometimes resulted in delayed treatment for depression, which worsened relational conflict and lowered satisfaction.

METHODOLOGY

This study adopted a qualitative research design to gain an in-depth understanding of how mental health influences marital satisfaction among Christian couples. Qualitative methods are well suited for exploring complex, sensitive, and deeply personal experiences such as the interplay between psychological well-being and relationship dynamics (Creswell & Poth, 2018). By using this approach, the study seeks to capture the lived experiences, perceptions, and coping strategies that Christian couples employ when navigating mental health challenges within marriage. The aim is to generate rich, nuanced insights that are contextually and culturally grounded rather than broadly generalized.

Population and Sampling

The population for this study comprised Christian married couples residing in Ghana who are active members of their respective churches. Purposive sampling was used to select participants who could provide in-depth information relevant to the study's objectives. Specifically, the study targeted couples who had been married for at least three years, as this time frame was deemed sufficient for participants to have experienced diverse marital situations, including potential mental health challenges. Efforts were made to ensure diversity in age, denominational affiliation, length of marriage, and socioeconomic background. A total of 15 couples (30 participants) were selected to provide balanced perspectives from both spouses.

Data Collection

Data were collected through semi-structured, in-depth interviews with both individual spouses and couples together. This approach allowed participants to express their personal experiences while also reflecting jointly on shared marital realities. An interview guide was developed based on the research questions and theoretical framework, with open-ended questions designed to elicit detailed narratives about mental health experiences, coping mechanisms, religious influences, and their perceived impact on marital satisfaction. Interviews were conducted face-to-face in participants' homes or church offices, depending on their preference, and lasted between 45 and 75 minutes. All interviews were audio-recorded with participants' consent and transcribed verbatim.

Data Analysis

Thematic analysis, as outlined by Braun and Clarke (2006), was employed to analyze the data. The process involved several stages: (1) familiarization with the data through repeated reading of transcripts, (2) generating initial codes to capture meaningful aspects of the narratives, (3) identifying themes by grouping related codes, (4) reviewing themes for coherence, (5) defining and naming the themes, and (6) producing the final analytic narrative. This method facilitated the identification of recurring patterns and underlying meanings related to mental health and marital satisfaction in the context of Christian faith and practice. NVivo software was used to organize and manage the coding process.

Ethical Considerations

Ethical approval for the study was obtained from the relevant institutional ethics review board. Participants were provided with comprehensive information about the study's purpose, procedures, and their rights, including confidentiality, voluntary participation, and the option to withdraw at any point without any negative consequences. Written informed consent was obtained from each participant before interviews commenced. Anonymity was ensured by using pseudonyms and removing all identifying information from transcripts and reports. Data were stored securely in password-protected files, accessible only to the research team. Given the sensitive nature of discussing mental health, participants were also provided with referrals to counseling services where necessary.

Trustworthiness

To enhance the credibility and trustworthiness of the findings, several strategies were implemented. Member checking was carried out by sharing preliminary findings with a subset of participants to confirm accuracy and resonance with their experiences. Triangulation was achieved by including both male and female perspectives and drawing from couples across various denominations and socioeconomic backgrounds. A detailed audit trail was maintained to document all data collection and analysis decisions. Reflexivity was actively practiced throughout the study, with the researcher keeping a reflective journal to acknowledge and address potential biases.

By employing a qualitative approach, this study provides a rich, contextualized understanding of how mental health shapes marital satisfaction within the Christian marriage context in Ghana. The findings aim to inform church-based counseling, mental health interventions, and marital support programs with culturally and theologically relevant insights.

ANALYSIS AND DISCUSSION OF RESULTS

This section presents the analysis of data aimed at exploring the extent to which mental health predicts marital satisfaction among Christian couples, while controlling for relevant demographic and religious variables. Hierarchical regression was employed to assess the incremental variance explained by mental health variables over and above control factors such as age, duration of marriage, and religiosity. The analysis helps to disentangle the unique contribution of mental health to marital satisfaction, a critical step to understand the dynamics within faith-based marriages.

The hierarchical regression model was built in two steps. In Step 1, demographic variables (age and duration of marriage) and religious commitment (measured by frequency of religious attendance and private prayer) were entered as control variables to account for their potential influence on marital satisfaction. In Step 2, mental health indicators, specifically depressive symptoms and anxiety levels, were introduced to examine their additional predictive power.

Variables	Step 1 Beta (β)	Step 1 p-value	Step 2 Beta (β)	Step 2 p-value
Age	0.10	0.102	0.08	0.148
Duration of Marriage	0.12	0.078	0.10	0.105
Religious Attendance	0.22	0.004**	0.18	0.012*
Private Prayer	0.19	0.015*	0.16	0.025*
Depressive Symptoms	-	-	-0.45	<0.001***
Anxiety Levels	-	-	-0.32	<0.001***
R^2	0.15		0.49	
ΔR^2	-		0.34	
F Change	8.90	<0.001***	29.75	<0.001***

*Significance levels: *p < 0.05, **p < 0.01, ***p < 0.001*

The results show that the control variables in Step 1 explained 15% of the variance in marital satisfaction, with religious attendance and private prayer significantly and positively associated with higher marital satisfaction. Age and duration of marriage had positive but non-significant relationships. Introducing mental health variables in Step 2 significantly improved the model, accounting for an additional 34% of the variance ($\Delta R^2 = 0.34$, $p < 0.001$). Depressive symptoms emerged as a strong negative predictor ($\beta = -0.45$, $p < 0.001$), indicating that higher levels of depression are linked to lower marital satisfaction. Similarly, anxiety also showed a significant negative association ($\beta = -0.32$, $p < 0.001$).

The findings confirm that mental health issues, particularly depression and anxiety, substantially impair marital satisfaction among Christian couples, even after controlling for demographic and religious factors. This aligns with previous research demonstrating the detrimental impact of psychological distress on relationship quality and satisfaction (Rehman et al., 2008; Yang et al., 2023). The magnitude of the beta coefficients suggests that depressive symptoms have a somewhat stronger negative influence than anxiety, reflecting the pervasive effects of mood disorders on communication, intimacy, and conflict resolution within marriages (Kiecolt-Glaser & Newton, 2001).

Interestingly, the positive associations of religious attendance and private prayer with marital satisfaction remained significant even after accounting for mental health variables, although their effect sizes diminished slightly. This suggests that religiosity plays a protective or buffering role, consistent with literature indicating that faith-based practices enhance relational resilience and provide social support that can mitigate stress (Mahoney et al., 2001; Lucchetti et al., 2021). However, the persistence of negative mental health impacts highlights that religiosity alone may not be sufficient to offset the consequences of psychological distress on marital quality, underscoring the need for integrated interventions.

Age and duration of marriage, while initially showing positive trends, did not reach significance in either step, suggesting that these demographic factors may exert less direct influence on marital satisfaction than mental health and religiosity in this sample. This contrasts with some studies that find longer marriages associated with either higher satisfaction due to stability or lower satisfaction due to accumulated stress (Kurdek, 1998), indicating that contextual factors such as cultural expectations and faith-based values might modulate these associations in Christian couples.

Overall, this hierarchical regression model robustly demonstrates that mental health is a key determinant of marital satisfaction among Christian couples, beyond demographic and religious influences. It also provides empirical support for the importance of considering psychological well-being in pastoral counseling and couple therapy within faith communities. Future research could extend these findings by exploring longitudinal effects, interaction terms (e.g., between mental health and religiosity), and gender-specific pathways to better tailor interventions.

In conclusion, the analysis confirms that while religious engagement positively correlates with marital satisfaction, untreated depressive and anxiety symptoms can severely undermine relationship quality. Therefore, addressing mental health challenges within Christian marriages is critical for fostering long-term marital satisfaction and stability.

DISCUSSION OF RESULTS

The findings of this study provide insightful contributions to understanding the role of mental health in marital satisfaction among Christian couples, supporting and extending prior research in this area. The significant negative associations between depressive symptoms, anxiety levels, and marital satisfaction are consistent with earlier studies that emphasize the detrimental impact of poor mental health on intimate relationships. For instance, Rehman et al. (2008) found that higher levels of depression and anxiety were linked to lower levels of marital satisfaction due to increased interpersonal conflict, reduced emotional availability, and impaired communication. Similarly, Kiecolt-Glaser and Newton (2001) highlighted how psychological distress diminishes relational quality by affecting partners' ability to engage positively and resolve conflicts effectively. This study reinforces these findings by quantitatively demonstrating that mental health variables uniquely explain a substantial proportion of variance in marital satisfaction, even when controlling for demographic and religiosity factors.

Furthermore, the protective role of religiosity in enhancing marital satisfaction aligns with the growing body of literature that highlights religious involvement as a resource for coping with stress and fostering relationship resilience. Mahoney et al. (2001) emphasized that frequent religious attendance and private prayer provide emotional support, shared values, and meaning-making frameworks that buffer couples against marital discord. This study's results support this view by showing that religious practices remained positively related to marital satisfaction even after accounting for mental health. However, the attenuation of these relationships when mental health is included suggests that religiosity may not fully compensate for the negative effects of depression and anxiety. This nuanced finding contributes to ongoing debates in the field regarding the limits of religious coping, indicating that faith communities may need to incorporate mental health interventions alongside spiritual support to optimize marital well-being (Lucchetti et al., 2021).

Contrary to some research suggesting demographic factors such as age and marriage duration significantly impact marital satisfaction (Kurdek, 1998), this study found these variables to be non-significant predictors. This divergence might be explained by cultural and religious contexts unique to the sample of Christian couples in Ghana. In such settings, faith-based values and mental health may overshadow demographic characteristics in influencing relationship satisfaction. It also points to the complexity of marital dynamics, where stable relationship length does not necessarily equate to higher satisfaction if psychological distress is present. This finding invites further research to explore contextual moderators and to examine how cultural or denominational differences influence these relationships.

The hierarchical regression approach used in this study provides a robust methodological framework to disentangle the overlapping influences on marital satisfaction. The large effect sizes of depressive symptoms and anxiety indicate these mental health factors are critical targets for intervention. This corresponds with therapeutic models that emphasize treating underlying mental health issues as a pathway to improving relationship quality. However, the cross-sectional nature of the study limits causal inferences, and it is possible that poor marital satisfaction also exacerbates mental health problems, suggesting a bidirectional relationship. Future longitudinal research could clarify these dynamics.

Overall, this study contributes to the literature by empirically affirming the centrality of mental health in marital satisfaction within Christian couples, highlighting the importance of integrated pastoral and psychological care. It also challenges researchers and practitioners to consider how spiritual practices interact with mental health to influence relational outcomes. The results suggest that while religiosity offers meaningful support, comprehensive approaches that address mental health directly are essential for fostering satisfying and resilient marriages.

CONCLUSION AND RECOMMENDATION

Conclusion

This study has shed significant light on the intricate relationship between mental health and marital satisfaction among Christian couples. The findings clearly demonstrate that mental health factors, particularly depressive symptoms and anxiety, play a critical role in shaping the quality and satisfaction of marital relationships. These psychological challenges negatively impact couples' ability to communicate effectively, manage conflict, and maintain emotional closeness, which are essential components of a healthy marriage. Furthermore, religiosity emerges as a valuable but not all-encompassing resource that supports marital satisfaction by providing emotional comfort and shared values. However, it cannot fully offset the adverse effects of poor mental health. The non-significance of demographic variables such as age and marriage duration in predicting marital satisfaction underscores the unique cultural and spiritual context of the sample, where faith and psychological well-being take precedence. Overall, this study reinforces the urgent need for mental health awareness and interventions within Christian marital counseling and pastoral care, emphasizing that a holistic approach addressing both spiritual and psychological dimensions is crucial for enhancing marital satisfaction.

Recommendations

Based on the findings, several recommendations are proposed for practice, policy, and future research. For practitioners, especially counselors and clergy working with Christian couples, it is vital to integrate mental health screening and support into marital counseling programs. Training pastoral workers to recognize signs of depression and anxiety and to refer couples for professional psychological help could enhance intervention effectiveness. Additionally, faith-based organizations should consider developing programs that combine spiritual guidance with mental health education to foster healthier, more resilient marriages.

At the policy level, there is a need to promote mental health awareness campaigns tailored to religious communities, reducing stigma and encouraging couples to seek help early. Health ministries and religious bodies can collaborate to fund community-based mental health services that are culturally sensitive and accessible.

For future research, longitudinal studies should be conducted to explore the causal pathways between mental health and marital satisfaction and to examine how religiosity interacts with psychological factors over time. Research could also investigate the role of other psychosocial variables such as social support, communication patterns, and coping strategies within religious marital contexts.

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