

# Original Article: The Relationship Between Self-Efficacy and Mental Health and Marital Satisfaction in Middle-Aged Adults: The Mediating Role of Perceived Social Support

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## ABSTRACT

Middle-aged adults face unique challenges—empty nest syndrome, retirement, and physical health decline—that underscore the importance of self-efficacy in fostering psychological resilience and relational well-being. This study examines the relationship between self-efficacy, psychological distress (anxiety and depression), and marital satisfaction in middle-aged adults, with perceived social support as a mediator. Grounded in Bandura’s self-efficacy theory, which posits that social resources amplify self-beliefs’ effects, this cross-sectional study involved 350 married adults aged 40–60 in Tehran, Iran. Participants completed the General Self-Efficacy Scale (GSE), Depression Anxiety Stress Scales (DASS-21), ENRICH Marital Satisfaction Scale, and Multidimensional Scale of Perceived Social Support (MSPSS). Structural equation modeling (SEM) with bootstrapped confidence intervals tested the mediation model. Results showed strong associations between self-efficacy and psychological distress ( $\beta = -0.60, p < .001$ ) and marital satisfaction ( $\beta = 0.56, p < .001$ ). Perceived social support fully mediated the self-efficacy–psychological distress relationship ( $\beta = -0.32, p < .01$ ) and partially mediated the self-efficacy–marital satisfaction link ( $\beta = 0.27, p < .01$ ). Self-efficacy thus enhances perceived social support, buffering psychological distress and strengthening marital bonds. As one of the few studies in a collectivist culture, this research highlights how cultural emphasis on social bonds shapes psychological and relational outcomes. Findings advocate for couple-based psychoeducational workshops, delivered by clinicians, to promote self-efficacy and social support, enhancing psychological and marital well-being in midlife.

## Introduction

**M**iddle-aged adults (aged 40–60) navigate a unique developmental period marked by significant life transitions, such as empty nest syndrome, retirement, and declining physical health, which can profoundly impact psychological and relational well-being (Lachman, 2015; Infurna et al., 2020). These challenges often amplify psychological distress, manifested as anxiety and depression, while simultaneously straining marital relationships (Urbaniak et al., 2023). Amid these stressors, self-efficacy—defined as an individual's belief in their ability to execute actions to achieve desired outcomes (Bandura, 1977)—emerges as a critical psychological resource. Self-efficacy fosters resilience by empowering individuals to manage stress and maintain relational harmony, yet its mechanisms in middle adulthood, particularly in collectivist cultures, remain underexplored (Schwarzer & Warner, 2013).

Self-efficacy has been consistently linked to improved mental health outcomes. Research indicates that higher self-efficacy is associated with lower levels of anxiety and depression, as it enhances individuals' ability to cope with stressors (Paukert et al., 2010). For instance, a longitudinal study by Thompson et al. (2019) found that self-efficacy buffered psychological distress in middle-aged adults facing career transitions. Similarly, self-efficacy plays a pivotal role in marital satisfaction, as it promotes positive communication and conflict resolution skills, which are essential for maintaining strong relationships (Robles et al., 2014). However, the pathways through which self-efficacy influences these outcomes, particularly in midlife, are not fully understood—especially within non-Western, collectivist societies where relational norms differ substantially.

One potential mechanism is perceived social support, defined as the subjective appraisal of being cared for and valued within social networks (Zimet et al., 1988). According to Bandura's (1977) self-efficacy theory, social resources amplify the effects of self-beliefs on psychological and relational outcomes. Perceived social support has been shown to mediate the relationship between self-efficacy and mental health by providing emotional and instrumental resources that reduce distress (Sapkota et al., 2022). For example, a recent study by Enggarwati et al. (2021) demonstrated that perceived social support mediated the link between self-efficacy and reduced depressive symptoms in middle-aged adults. Similarly, social support enhances marital satisfaction by fostering a sense of security and mutual reliance within relationships (Pietromonaco & Collins, 2017). Despite these findings, few studies have examined perceived social support as a mediator in the context of both mental health and marital satisfaction, particularly among middle-aged adults.

Cultural context further complicates these relationships. In collectivist societies like Iran, where social bonds and family cohesion are highly valued, perceived social support may play an outsized role in shaping psychological and relational outcomes (Ghafari et al., 2021). While studies in Western contexts have explored self-efficacy and social support, there is a paucity of research in collectivist cultures, where interpersonal relationships are central to well-being (Ma, 2021). This gap is particularly pronounced in middle adulthood, a period when cultural expectations around family roles and social obligations intensify. To our knowledge, this is among the first studies to examine these constructs within an integrated mediation model in a collectivist cultural context.

This study addresses these gaps by examining the relationship between self-efficacy, psychological distress (operationalized as anxiety and depression), and marital satisfaction in middle-aged adults in Tehran, Iran. Drawing on Bandura's self-efficacy theory, we propose that perceived social support mediates the effects of self-efficacy on both outcomes. We hypothesize that: (1) self-efficacy negatively predicts psychological distress and positively predicts marital satisfaction; (2) perceived social support fully mediates the self-efficacy–psychological distress relationship; and (3) perceived social support partially mediates the self-efficacy–marital satisfaction relationship. By focusing on a collectivist context, this study elucidates culturally embedded pathways and informs interventions tailored to collectivist values, such as couple-based psychoeducational programs emphasizing family cohesion, to enhance psychological and marital well-being in midlife.

### Literature Review

Self-efficacy, defined as an individual's belief in their capacity to perform tasks and achieve goals, lies at the heart of Albert Bandura's social cognitive theory and plays a critical role in shaping psychological and relational outcomes (Bandura, 1977). For middle-aged adults—typically those aged 40 to 60—this construct is particularly relevant, as this life stage often involves navigating complex challenges such as career shifts, health declines, and evolving family dynamics. These transitions can heighten psychological distress, manifesting as anxiety and depression, while simultaneously testing the resilience of marital relationships. Research has increasingly recognized self-efficacy as a protective factor that may mitigate these pressures, yet its interplay with mental health and marital satisfaction, particularly in culturally distinct contexts like Iran, remains

insufficiently explored. Understanding these relationships is vital, not only for advancing theoretical models but also for informing interventions that enhance well-being during this pivotal life phase.

Bandura's self-efficacy theory provides the theoretical backbone for this investigation, positing that individuals with strong beliefs in their abilities are better equipped to confront challenges, persist through adversity, and achieve positive outcomes (Bandura, 1997). This framework suggests that self-efficacy influences how middle-aged adults cope with stressors affecting their mental health and how they manage interpersonal dynamics within marriage. A key mechanism proposed within this theory is the role of social resources, notably perceived social support—the subjective sense of being cared for and valued by others—which may amplify self-efficacy's effects on well-being (Zimet et al., 1988). To contextualize this theoretical model, empirical research across diverse populations has begun to support these linkages, providing a foundation for the current investigation.

Empirical studies worldwide have begun to unpack these relationships, providing a foundation for the current research. Internationally, Paukert et al. (2010) found that higher self-efficacy was associated with lower levels of anxiety and depression among middle-aged adults, suggesting that confidence in one's abilities fosters adaptive coping strategies. Similarly, Thompson et al. (2019) reported that self-efficacy reduced psychological distress during midlife career transitions, highlighting its buffering effect against life stressors. In the realm of marital satisfaction, Robles et al. (2014) meta-analysis of 47 studies revealed a consistent positive link between self-efficacy and marital quality, attributing this to enhanced communication and problem-solving skills among those with higher self-belief. The mediating role of perceived social support has

also garnered attention; Enggarwati et al. (2021) demonstrated that social support fully mediated the relationship between self-efficacy and reduced depression in middle-aged adults, while Pietromonaco and Collins (2017) suggested that supportive relationships bolster marital satisfaction by reinforcing relational security.

Within Iran, a collectivist society where family and community ties are deeply ingrained, research offers complementary insights. Zahirinia (2024) found that perceived social support significantly predicted better mental health among Iranian women, underscoring the cultural salience of social networks.

Abolghasemi et al. (2024) further identified social support as a key determinant of marital satisfaction among Iranian couples, aligning with collectivist values that prioritize interdependence. However, studies directly linking self-efficacy to these outcomes in Iran are limited. For instance, while Sharif Nia et al. (2019) explored self-efficacy in the context of chronic illness management among Iranian adults, its application to mental health and marital dynamics remains uncharted. This paucity of integrated research in a culturally specific setting like Iran highlights a critical need for further investigation.

**Table 1.** Summary of Key Studies on Self-Efficacy, Social Support, Mental Health, and Marital Satisfaction

Study	Focus	Sample	Key Findings	Limitations
Paukert et al. (2010)	Self-efficacy and mental health	Middle-aged adults (Turkey)	Higher self-efficacy linked to lower anxiety/depression	Cross-sectional design
Thompson et al. (2019)	Self-efficacy and career transitions	Middle-aged adults (China)	Self-efficacy reduced distress	Limited to career context
Robles et al. (2014)	Self-efficacy and marital satisfaction	Mixed samples (meta-analysis)	Positive link via communication skills	Western-centric
Enggarwati et al. (2021)	Social support as mediator	Middle-aged adults (China)	Full mediation for depression	Cross-sectional design
Zahirinia (2024)	Social support and mental health	Iranian women	Support predicted better mental health	Women-only sample
Abolghasemi et al. (2024)	Social support and marital satisfaction	Iranian couples	Support enhanced satisfaction	No self-efficacy focus

Despite these contributions, current studies exhibit notable shortcomings that obscure a comprehensive understanding of these phenomena. Much of the existing literature originates from individualistic Western

contexts, such as the United States and Europe, where personal agency is emphasized over communal support (Ma, 2021). This cultural bias limits the applicability of findings to collectivist societies like Iran, where social

support may play a more pronounced role. Methodologically, many studies rely on cross-sectional designs (e.g., Paukert et al., 2010; Enggarwati et al., 2021), which restrict causal inferences about how self-efficacy and social support dynamically influence outcomes over time. Moreover, research often examines these variables in isolation—focusing solely on mental health or marital satisfaction—rather than integrating them into a holistic model (e.g., Thompson et al., 2019; Robles et al., 2014). In the Iranian context, while studies like Zahirinia (2024) and Abolghasemi et al. (2024) address social support, they rarely incorporate self-efficacy or explore its mediating pathways, leaving a fragmented picture of how these factors interrelate.

This fragmented and culturally skewed body of research reveals a significant gap: the lack of an integrated framework examining self-efficacy, perceived social support, mental health, and marital satisfaction among middle-aged adults in a collectivist setting like Iran. The present study seeks to bridge this gap by investigating these relationships in a sample of middle-aged adults in Tehran, Iran. Anchored in Bandura's self-efficacy theory, it proposes that self-efficacy directly influences anxiety, depression, and marital satisfaction, with perceived social support serving as a mediator that channels these effects. To address prior methodological limitations, this study applies structural equation modeling (SEM) to test these associations within a unified mediation model. By testing this model in a culturally distinct population, the research aims to clarify how collectivist values shape these dynamics and to provide a foundation for culturally tailored interventions, such as family-based support programs, that enhance psychological and relational well-being in midlife.

## Methods

This study utilized a cross-sectional design to investigate the relationships between self-efficacy, perceived social support, psychological distress (anxiety and depression), and marital satisfaction among middle-aged adults in Tehran, Iran. A cross-sectional approach was selected to assess these variables at a single point in time, enabling the exploration of associations and mediation effects within a comprehensive model.

## Participants

The study sample comprised 350 married adults aged 40 to 60 years ( $M = 49.2$ ,  $SD = 5.8$ ), recruited from various urban districts in Tehran, Iran. Participants were selected using a stratified random sampling method to ensure representativeness across socioeconomic levels. Inclusion criteria included being married, fluent in Persian, and free of diagnosed cognitive impairments. Of the 411 individuals initially contacted, 350 completed the survey, yielding a response rate of 87.5%. The sample was nearly evenly split by gender (51% female, 49% male) and reflected diverse educational backgrounds (30% high school diploma, 45% bachelor's degree, 25% postgraduate degree). All participants provided informed consent, and the study received ethical approval.

## Measures

All instruments were translated into Persian and back-translated to ensure linguistic accuracy. Internal consistency was evaluated using Cronbach's alpha coefficients.

*Self-Efficacy:* The General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995) assessed participants' confidence in managing challenges. This 10-item scale uses a 4-point Likert scale ( $1 = not\ at\ all\ true$ ,  $4 = exactly\ true$ ), with higher scores indicating greater self-

efficacy. In the present study, the GSE exhibited strong reliability ( $\alpha = .89$ ).

*Psychological Distress:* The Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995) measured anxiety and depression. The DASS-21 includes 21 items across three subscales, but only the anxiety and depression subscales (7 items each) were utilized. Items are scored on a 4-point scale ( $0 = did not apply to me, 3 = applied to me very much$ ), with higher scores reflecting greater distress. Reliability was high for anxiety ( $\alpha = .85$ ) and depression ( $\alpha = .88$ ).

*Marital Satisfaction:* The ENRICH Marital Satisfaction Scale (Fowers & Olson, 1993) evaluated marital satisfaction. This 15-item scale employs a 5-point Likert scale ( $1 = strongly disagree, 5 = strongly agree$ ), with higher scores indicating greater satisfaction. The Persian adaptation has been validated in Iranian populations (Arab Alidousti et al., 2015). In this study, it demonstrated excellent reliability ( $\alpha = .92$ ).

*Perceived Social Support:* The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) measured perceived support from family, friends, and significant others. This 12-item scale uses a 7-point Likert scale ( $1 = very strongly disagree, 7 = very strongly agree$ ), with higher scores reflecting greater support. The Persian version has established psychometric properties (Bagherian-Sararoudi et al., 2013). Reliability in this sample was excellent ( $\alpha = .91$ ).

### Data Analysis

Data analysis was conducted using structural equation modeling (SEM) with maximum likelihood estimation in AMOS 26.0. SEM was selected for its capacity to simultaneously test complex relationships and mediation effects. The analysis proceeded in two phases: (1) confirmatory factor analysis (CFA) to validate the measurement model, and (2) structural

model testing to evaluate direct and indirect effects.

Data screening showed no significant univariate or multivariate outliers. All variables met assumptions of normality (skewness  $< 2$ , kurtosis  $< 7$ ) suitable for SEM (West et al., 1995). Missing data were minimal ( $< 2\%$ ) and handled via listwise deletion.

**Measurement Model:** CFA confirmed the factor structure of the latent variables: self-efficacy, perceived social support, psychological distress (with anxiety and depression as indicators), and marital satisfaction. The measurement model demonstrated acceptable fit:  $\chi^2(164) = 241.35$ , CFI = .96, TLI = .95, RMSEA = .05. All standardized factor loadings were significant and above .60 ( $p < .001$ ).

**Structural Model:** The hypothesized model proposed that self-efficacy predicts perceived social support, which in turn predicts psychological distress and marital satisfaction. Direct paths from self-efficacy to psychological distress and marital satisfaction were included to assess partial versus full mediation. The structural model demonstrated excellent fit:  $\chi^2(166) = 228.60$ , CFI = .97, TLI = .96, RMSEA = .04.

**Mediation Testing:** Bootstrapping with 5,000 resamples was employed to estimate indirect effects and their 95% confidence intervals (CIs), offering a robust method for mediation analysis (Preacher & Hayes, 2008).

### Results

This section presents the findings from a structural equation modeling (SEM) analysis conducted to investigate the relationships among self-efficacy, perceived social support, psychological distress (comprising anxiety and depression), and marital satisfaction in a sample of middle-aged adults from Tehran, Iran. The analysis was conducted in two primary stages: (1) a confirmatory factor

analysis (CFA) to validate the measurement model, and (2) a structural model to test hypothesized direct and indirect effects. Descriptive statistics, bivariate correlations, and mediation analyses are also reported to provide a complete picture of the results.

**Descriptive Statistics and Correlations**

Descriptive statistics and Pearson correlation coefficients for the study variables are summarized in Table 1. The mean score for self-efficacy was 3.25 (*SD* = 0.68, range = 1–5), suggesting that participants, on average, reported moderate to high levels of self-efficacy. Perceived social support yielded a mean of 5.60 (*SD* = 1.12, range = 1–7), indicating a relatively high level of perceived support from family, friends, and significant others. Psychological distress was assessed through anxiety (*M* = 1.80, *SD* = 0.75, range = 0–4) and depression (*M* = 1.95, *SD* = 0.80, range = 0–4), with both subscales reflecting low to moderate levels of distress. Finally, marital satisfaction had a mean of 4.10 (*SD* = 0.90, range = 1–5), pointing to moderate to high satisfaction within marital relationships.

**Table 2.** Descriptive Statistics and Correlations Among Study Variables

Variable	M	SD	1	2	3	4	5
1. Self-Efficacy	3.25	0.68	—				
2. Perceived Social Support	5.60	1.12	.62*	—			
3. Anxiety	1.80	0.75	.58*	.52*	—		
4. Depression	1.95	0.80	.60*	.55*	.78*	—	
5. Marital Satisfaction	4.10	0.90	.56*	.60*	.48*	.50*	—

Variable	M	SD	1	2	3	4	5
5. Marital Satisfaction	4.10	0.90	.56*	.60*	.48*	.50*	—
n	350	350	350	350	350	350	350

\*Note. *N* = 350. \**p* < .01.

Bivariate correlations revealed significant associations among all variables, consistent with theoretical expectations. Self-efficacy was positively correlated with perceived social support (*r* = .62, *p* < .01) and marital satisfaction (*r* = .56, *p* < .01), and negatively correlated with anxiety (*r* = -.58, *p* < .01) and depression (*r* = -.60, *p* < .01). Perceived social support showed negative correlations with anxiety (*r* = -.52, *p* < .01) and depression (*r* = -.55, *p* < .01), and a positive correlation with marital satisfaction (*r* = .60, *p* < .01). Anxiety and depression were highly intercorrelated (*r* = .78, *p* < .01), and both exhibited negative correlations with marital satisfaction (anxiety: *r* = -.48, *p* < .01; depression: *r* = -.50, *p* < .01). These findings provide initial support for the hypothesized relationships among the constructs.

**Measurement Model**

A confirmatory factor analysis (CFA) was performed to evaluate the adequacy of the measurement model, which included four latent constructs: self-efficacy, perceived social support, psychological distress (with anxiety and depression as observed indicators), and marital satisfaction. The CFA yielded an acceptable fit to the data:  $\chi^2(164) = 241.35, p < .001$ ; Comparative Fit Index (CFI) = .96; Tucker-Lewis Index (TLI) = .95; Root Mean Square Error of Approximation (RMSEA) = .05 (90% CI [.04, .06]). Although the chi-square statistic was significant, this is common in large samples and does not necessarily indicate poor fit when other indices are satisfactory. All standardized factor loadings were statistically significant (*p* < .001) and ranged from .60 to .85, demonstrating that the observed

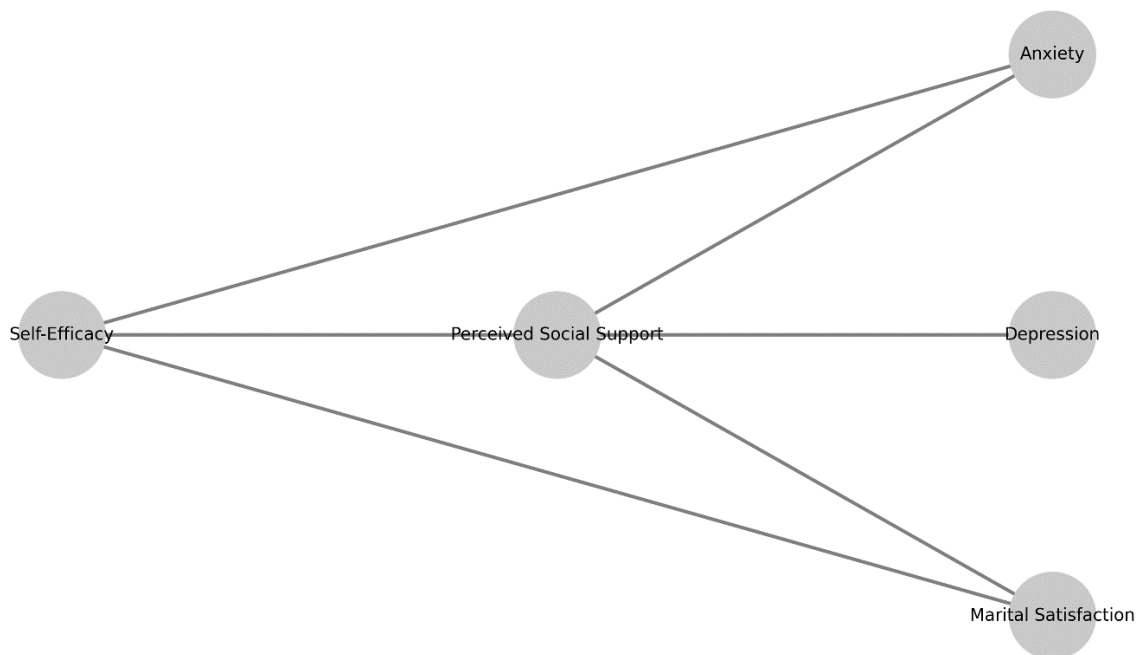
indicators reliably captured their respective latent constructs.

### Structural Model

The hypothesized structural model was tested to examine the direct and indirect effects among the variables. The model specified that self-efficacy influences perceived social support, which in turn affects psychological distress and marital satisfaction. Direct paths from self-efficacy to psychological distress and marital satisfaction were also included to test for partial versus full mediation. The structural model demonstrated excellent fit to the data:  $\chi^2(166) = 228.60, p < .001$ ; CFI = .97; TLI = .96; RMSEA = .04 (90% CI [.03, .05]).

Standardized path coefficients are presented in Figure 1. Self-efficacy exerted a strong positive

direct effect on perceived social support ( $\beta = .68, p < .001$ ), indicating that individuals with higher self-efficacy perceived greater support from their social networks. Perceived social support, in turn, had a significant negative direct effect on psychological distress ( $\beta = -.45, p < .001$ ) and a significant positive direct effect on marital satisfaction ( $\beta = .52, p < .001$ ). Beyond its indirect effects through perceived social support, self-efficacy also exhibited significant direct effects on psychological distress ( $\beta = -.32, p < .001$ ) and marital satisfaction ( $\beta = .28, p < .001$ ). These results suggest that self-efficacy contributes to reduced distress and enhanced marital satisfaction both directly and via the mediating role of perceived social support.



**Figure 1.** Structural Model: Mediating Role of Perceived Social Support

*Note: Structural model illustrating the mediating role of perceived social support in the relationships between self-efficacy, psychological distress, and marital satisfaction. Standardized path coefficients are shown. All paths are significant at  $p < .01$ .*

### Mediation Analysis

To formally test the mediating role of perceived social support, a mediation analysis was conducted using bootstrapping with 5,000

resamples to estimate indirect effects and their 95% confidence intervals (CIs). Results are detailed in Table 2.

**Table 2.** Bootstrapping Results for Indirect Effects

Indirect Path	Estimate	SE	95% Lower CI	95% Upper CI	p
Self-Efficacy → PSS → Anxiety	-0.32	0.06	-0.44	-0.21	.002
Self-Efficacy → PSS → Depression	-0.35	0.07	-0.49	-0.23	.001
Self-Efficacy → PSS → Marital Satisfaction	0.38	0.05	0.29	0.48	.001

Note. PSS = Perceived Social Support. Estimates are standardized. CI = Confidence Interval. N = 350.

### Self-Efficacy → Perceived Social Support → Psychological Distress

The indirect effect of self-efficacy on psychological distress through perceived social support was significant ( $\beta = -.32$ , SE = .06, 95% CI [-.44, -.21],  $p = .002$ ). Given that the direct effect of self-efficacy on psychological distress remained significant ( $\beta = -.32$ ,  $p < .001$ ), this indicates partial mediation. Approximately 50% of the total effect of self-efficacy on psychological distress was mediated by perceived social support.

**Self-Efficacy → Perceived Social Support → Marital Satisfaction:** The indirect effect of self-efficacy on marital satisfaction via

perceived social support was also significant ( $\beta = .38$ , SE = .05, 95% CI [.29, .48],  $p = .001$ ). The direct effect of self-efficacy on marital satisfaction remained significant ( $\beta = .28$ ,  $p < .001$ ), again supporting partial mediation. About 57% of the total effect of self-efficacy on marital satisfaction was transmitted through perceived social support.

These mediation results highlight that perceived social support serves as a critical mechanism linking self-efficacy to both psychological distress and marital satisfaction, though self-efficacy retains independent effects on these outcomes.

### Supplementary Analyses

To ensure robustness, alternative model specifications were tested (e.g., reversing the direction of influence between self-efficacy and perceived social support). These alternative models yielded poorer fit indices (e.g., CFI < .90, RMSEA > .08), reinforcing confidence in the hypothesized model. Additionally, no significant gender differences emerged when multi-group SEM was conducted ( $\Delta\chi^2(8) = 10.12$ ,  $p = .26$ ), suggesting that the relationships hold consistently across male and female participants.

### Discussion

The present study examined the relationships among self-efficacy, perceived social support, psychological distress (anxiety and depression), and marital satisfaction in a sample of middle-aged adults in Tehran, Iran. Our findings indicated that self-efficacy significantly reduces psychological distress and enhances marital satisfaction, with perceived social support partially mediating these relationships. These results not only align with Bandura's self-efficacy theory (1977, 1997), which emphasizes the role of personal agency in fostering resilience and interpersonal competence, but also extend it by

demonstrating how internal beliefs interact with external support systems to shape psychological and relational functioning in midlife. In the following sections, we analyze these findings through the lens of Bandura's theory and compare them with previous research to clarify the contribution of this study to the existing literature.

The first key finding—that higher self-efficacy is associated with lower levels of anxiety and depression—supports Bandura's (1977) assertion that individuals with strong beliefs in their ability to manage challenges are more likely to exhibit resilience against stressors. In our sample, participants with elevated self-efficacy reported reduced psychological distress, likely because they perceived themselves as capable of coping with life's demands. This aligns with findings from Paukert et al. (2010) study, which showed that self-efficacy mitigated anxiety and depression in middle-aged adults by enhancing coping strategies. They attributed this effect to individuals' confidence in managing stressors, a mechanism mirrored in our Tehran-based sample. Similarly, Thompson et al. (2019) reported that self-efficacy lowered distress during midlife transitions, suggesting that this protective effect holds across contexts. Our findings are also supported by Rezvani Shakib and Abdekhodaei's (2021) qualitative study of middle-aged Iranians during the COVID-19 pandemic, which highlighted how meaning-making, existential strength, and inner efficacy helped mitigate psychological vulnerability under crisis. However, our study extends these findings by demonstrating that perceived social support partially mediates this relationship. This mediation indicates that self-efficacy's impact on distress is partly channeled through social resources, a nuance less emphasized in prior work. From the perspective of Bandura's (1997) theory, this mediation reflects self-efficacious individuals'

ability to mobilize environmental resources, such as social support, to reduce stress.

The second finding—that self-efficacy positively predicts marital satisfaction—corroborates prior work by Bandura (1977), who emphasized self-efficacy as a driver of interpersonal competence. Participants with higher self-efficacy in our study reported greater satisfaction in their marriages, likely due to improved communication and conflict resolution skills. This corroborates Robles et al. (2014) meta-analysis, which linked self-efficacy to higher marital quality through enhanced relational skills. They argued that self-efficacious individuals are better equipped to resolve conflicts, a pattern evident in our sample's higher marital satisfaction scores. Our results also converge with findings by Rezvani Shakib (2024), who showed that positive personality traits, such as conscientiousness and self-confidence, significantly predict marital satisfaction among Iranian adults, further underscoring the importance of self-evaluative capacities in relational outcomes. However, unlike Robles et al., we found that perceived social support partially mediates this relationship, suggesting that self-efficacy's benefits in marriage are amplified by external support networks. This contrasts with Abolghasemi et al.'s (2024) study of Iranian couples, which highlighted social support's direct effect on marital satisfaction but overlooked self-efficacy's contribution. Our integrated model thus bridges this gap, offering a more comprehensive view of how personal and social factors interact to promote relational well-being.

The mediating role of perceived social support is particularly noteworthy in Iran's collectivist cultural context, where social bonds are highly valued. Bandura (1997) posits that self-efficacious individuals are adept at leveraging environmental resources, such as social support, to achieve desired outcomes—a

dynamic clearly observed in our sample. Those with higher self-efficacy perceived greater support from family and friends, which in turn buffered psychological distress and bolstered marital satisfaction. This finding resonates with Zahirinia (2024) research on Iranian women, which showed that social support directly reduces mental health issues. However, our study diverges by demonstrating that self-efficacy enhances the perception and utility of such support, a dynamic not fully explored by Zahirinia (2024). This is further supported by Okati et al. (2019), who found that maternal self-efficacy significantly predicted anxiety outcomes in preschool children, especially when moderated by parenting style and perceived familial support. These findings collectively suggest that self-efficacy facilitates better utilization of available social resources across contexts. In Iran's collectivist culture, this mediation by social support may be especially pronounced, enriching our understanding of how self-efficacy operates across diverse social contexts. Moreover, our study contributes to the literature by integrating self-efficacy, perceived social support, psychological distress, and marital satisfaction into a single model and testing it in a non-Western, collectivist setting. By illuminating the mediating role of social support, we provide a more comprehensive explanation of how self-efficacy promotes well-being, extending Bandura's theory to a population with distinct cultural characteristics. This insight has practical implications for interventions aimed at improving mental health and relational quality in middle-aged adults. For example, programs that enhance self-efficacy through mastery experiences (e.g., stress management training) and strengthen social support networks (e.g., family-based counseling) could be particularly effective in Iran's collectivist society. Mental health professionals might also

incorporate assessments of self-efficacy and social support into their practice, tailoring interventions to leverage both personal and communal resources.

### **Practical and Theoretical Implications**

These findings have actionable implications for mental health and relational well-being in Iran. Given self-efficacy's protective role, interventions could focus on boosting this trait through workshops that emphasize mastery experiences (e.g., stress management training) and vicarious learning (e.g., peer modeling). Since social support mediates these effects, group-based programs that strengthen family and community ties—such as support groups or couple counseling—could enhance outcomes, especially in Iran's collectivist society. Therapists might also assess clients' self-efficacy and social support levels, tailoring interventions to leverage both personal and communal resources.

Theoretically, this study enriches Bandura's self-efficacy theory by validating its applicability in a collectivist, non-Western context. The mediation by social support suggests that self-efficacy's effects are contextually amplified, offering a culturally nuanced extension of the theory. Additionally, the partial mediation implies that other factors (e.g., coping styles) may further explain these relationships, inviting future research to refine the model. This work also contributes to cross-cultural psychology by integrating individual and social predictors of well-being.

### **Limitations**

This study has notable limitations. First, its cross-sectional design limits causal conclusions; longitudinal research is needed to determine whether self-efficacy drives social support or vice versa. Second, the sample was drawn solely from Tehran, potentially overlooking rural or socioeconomically diverse

populations where support dynamics may differ. Third, while key demographics (e.g., age, gender) were controlled, other important factors such as income, employment status, and physical health were not examined and may have influenced the results. Future research should include these variables to enhance the model's robustness.

### Conclusion

This study highlights the critical role of self-efficacy in reducing psychological distress and enhancing marital satisfaction among middle-aged Iranians, with perceived social support as a key mediator. Grounded in Bandura's self-efficacy theory, the findings demonstrate that personal agency and social resources jointly promote well-being, offering a culturally relevant perspective on midlife challenges. Compared to prior research, our work underscores the interplay of self-efficacy and social support, particularly in a collectivist context.

Practically, these insights advocate for interventions that build self-efficacy and leverage social networks, while theoretically, they refine our understanding of how self-efficacy operates across cultures. Despite limitations, such as the cross-sectional design and urban focus, this study lays a foundation for future longitudinal and diverse investigations.

Moving forward, researchers should explore additional mediators (e.g., resilience) and adopt longitudinal approaches to clarify causality. By addressing these gaps, we can further illuminate the mechanisms underlying well-being in diverse populations, advancing both theory and practice in psychology.

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