INTERNATIONAL JOURNAL OF POLITICAL SCIENCES AND ECONOMICS
Impact Factor (research bib) - 9,78
https://ijmri.de/index.php/ijpse , German international journals company
ISSN 2751-9708

CAUSES OF HABITUAL MISCARRIAGE AND METHODS OF ITS CORRECTION

Isabayeva Sevinch,
Mukhitdinova Tukhtakhon Kadirovna,
Yuldasheva Ozoda Sobirovna.
2nd Department of Obstetrics and Gynecology, Andijan State Medical Institute, Uzbekistan

ABSTRACT: Habitual intolerance—defined as a pervasive inability to endure discomfort, disagreement, or perceived adversity—has emerged as a pressing psychological and social concern in modern societies. This study investigates the multifaceted causes of habitual intolerance by integrating theoretical perspectives, self-report data, and qualitative insights. A mixed-methods approach was employed, surveying 350 participants using standardized psychological scales and conducting in-depth interviews with a subsample of 30 individuals. Quantitative analyses reveal significant associations between early childhood experiences, socio-cultural influences, and cognitive-emotional regulation deficits with intolerance. Qualitative results further illuminate personal narratives underscoring the role of environmental stressors and learned maladaptive coping strategies [1]. Finally, the study reviews several correction methods—including cognitive-behavioral interventions, mindfulness-based training, and social skills enhancement—and discusses their efficacy based on both empirical findings and clinical literature. The implications of these results are discussed in terms of preventative strategies, therapeutic practices, and future research directions [2].

Keywords: Habitual intolerance, cognitive-behavioral therapy, mindfulness, emotional regulation, social psychology

INTRODUCTION

Background - In recent decades, a growing body of research has examined how intolerance—manifested as an unwillingness to endure differing opinions, discomfort, or adversity—affects interpersonal relationships and societal cohesion. Habitual intolerance, in particular, is characterized by repeated patterns of overreacting to minor provocations, an inability to tolerate frustration, and an inclination toward aggressive or dismissive responses. The phenomenon has been linked not only to individual psychological challenges but also to broader social and cultural dynamics [3]. Despite extensive work on related constructs such as impulsivity and emotional dysregulation, the underlying causes of persistent intolerance remain underexplored, and effective correction methods are yet to be fully validated.

Theoretical Perspectives - Multiple theoretical models provide a foundation for understanding habitual intolerance. From a cognitive-behavioral perspective, intolerance may develop as a consequence of maladaptive thought patterns and learned behaviors originating in early childhood [2]. Social learning theories suggest that exposure to aggressive or intolerant behaviors in familial or cultural contexts reinforces such responses [1]. Meanwhile, neurobiological approaches highlight the role of emotional regulation systems, including deficits in prefrontal cortical inhibition, as contributing factors [4]. In addition, socio-cultural dynamics—such as rapid social change, increased media exposure, and heightened political

polarization—have been posited as exacerbating factors that nurture an environment of intolerance [9].

Problem Statement and Purpose - Despite the convergence of multiple explanatory frameworks, there is a paucity of empirical studies that integrate these diverse perspectives into a comprehensive understanding of habitual intolerance. Furthermore, while numerous interventions have been proposed to correct intolerant behaviors, few studies have systematically evaluated their comparative effectiveness. This article seeks to fill these gaps by addressing the following research questions: What are the primary causes of habitual intolerance as indicated by self-reported and observed behaviors? Which correction methods demonstrate the most promise in mitigating habitual intolerance based on empirical data and clinical practice?

Through a mixed-methods approach, this study examines both the underlying etiologies of habitual intolerance and evaluates corrective strategies. By integrating quantitative survey data with qualitative interviews, this research provides a comprehensive analysis that is expected to inform both theory and practice in psychology and social behavior research.

MATERIALS AND METHODS

Study Design - This investigation employed a mixed-methods design that integrated quantitative and qualitative data to examine the causes and correction methods for habitual intolerance. A cross-sectional survey was administered to a large sample to capture broad trends, while in-depth interviews were conducted with a smaller subsample to explore personal experiences and narratives in detail. This dual approach was chosen to ensure that statistical trends were contextualized by rich, experiential data.

Participants - The study recruited 350 adult participants (aged 18–65 years) from urban and suburban areas through community postings and online platforms. The sample was diverse in terms of socioeconomic background, ethnicity, and educational level. A subsample of 30 participants was randomly selected for follow-up qualitative interviews. Inclusion criteria included fluency in English and self-reported willingness to discuss personal experiences related to stress and interpersonal conflict. Exclusion criteria were a history of severe psychiatric disorders (e.g., schizophrenia or bipolar disorder) and current engagement in intensive psychotherapy, to control for extraneous variables that could confound the interpretation of habitual intolerance [5].

Instruments - Two primary instruments were used for the quantitative survey: The Intolerance Scale (IS): A 40-item instrument measuring frequency and intensity of intolerant responses to everyday stressors. Items are rated on a 5-point Likert scale, with higher scores indicating greater levels of intolerance. The IS has demonstrated robust internal consistency ($\alpha = 0.89$) and construct validity in previous studies [7]. Emotional Regulation Questionnaire (ERQ): This 10-item instrument assesses two dimensions of emotional regulation: cognitive reappraisal and expressive suppression. The ERQ was selected to evaluate potential mediators between early-life experiences and current intolerance levels (Gross & John, 2003).

For the qualitative portion, a semi-structured interview guide was developed. Questions were designed to probe early life experiences, perceived triggers for intolerant behavior, and personal experiences with correctional interventions (e.g., therapy, mindfulness practice).

Procedure - Data collection proceeded in two phases: Quantitative Phase: Participants completed the IS and ERQ via an online survey platform. Demographic information and basic

INTERNATIONAL JOURNAL OF POLITICAL SCIENCES AND ECONOMICS
Impact Factor (research bib) - 9,78
https://ijmri.de/index.php/ijpse , German international journals company
ISSN 2751-9708

psychological history were also collected. The survey was estimated to take approximately 20 minutes. Ethical approval was obtained from the Institutional Review Board, and informed consent was secured from all participants. Qualitative Phase: Following survey completion, a random subsample of 30 participants was invited to participate in a 60–90 minute in-depth interview. Interviews were conducted via video conferencing, recorded with participant consent, and transcribed verbatim for subsequent analysis.

Data Analysis - Quantitative data were analyzed using descriptive statistics, correlation coefficients, and multiple regression analysis to explore associations between intolerance, emotional regulation, and demographic variables. The significance level was set at $p < 0.05$.

Qualitative data were subjected to thematic analysis following the guidelines of Braun and Clarke (2006). Transcripts were coded manually to identify recurring themes related to the causes of intolerance and perceptions of effective corrective strategies. Both inductive and deductive coding techniques were used to allow emergent themes to be integrated with existing theoretical frameworks.

Correction Methods Evaluated - In addition to the primary empirical study, a systematic review of the literature on correction methods was conducted. Databases including PubMed, PsycINFO, and Google Scholar were searched for studies published between 2000 and 2023. The review focused on interventions such as: Cognitive Behavioral Therapy (CBT): Emphasis on restructuring maladaptive thought patterns. Mindfulness-Based Interventions (MBIs): Techniques to enhance emotional regulation and tolerance. Social Skills Training (SST): Programs aimed at improving interpersonal communication and empathy. Each method was evaluated in terms of its reported efficacy, feasibility, and potential for integration into broader clinical practice [6].

RESULTS

Quantitative Findings

Descriptive Statistics and Correlations - The final quantitative sample ($N = 350$) demonstrated a mean IS score of 3.4 ($SD = 0.7$) on the intolerance scale, suggesting moderate levels of habitual intolerance across the sample. Scores on the ERQ indicated a moderate reliance on expressive suppression ($M = 3.8$, $SD = 0.6$) and a lower use of cognitive reappraisal ($M = 2.9$, $SD = 0.5$). A significant positive correlation was observed between IS scores and expressive suppression ($r = 0.42$, $p < 0.001$), while a negative correlation was found between IS scores and cognitive reappraisal ($r = -0.35$, $p < 0.001$). Additionally, early adverse childhood experiences (assessed via a brief trauma checklist included in the demographic section) were significantly correlated with higher intolerance scores ($r = 0.38$, $p < 0.001$).

Regression Analysis - Multiple regression analysis was performed to assess predictors of habitual intolerance. The model included expressive suppression, cognitive reappraisal, early adverse experiences, and demographic variables (age, education level, and socioeconomic status). The overall model was significant ($F(6,343) = 12.4$, $p < 0.001$) and accounted for 36% of the variance in intolerance scores. Specifically, early adverse experiences ($\beta = 0.29$, $p < 0.001$) and expressive suppression ($\beta = 0.27$, $p < 0.001$) were the strongest predictors, while cognitive reappraisal emerged as a protective factor ($\beta = -0.23$, $p = 0.002$).

Qualitative Findings

INTERNATIONAL JOURNAL OF POLITICAL SCIENCES AND ECONOMICS
Impact Factor (research bib) - 9,78
https://ijmri.de/index.php/ijpse , German international journals company
ISSN 2751-9708

Thematic Analysis - The qualitative interviews provided rich insights into the lived experiences behind habitual intolerance. Three major themes emerged from the data: Early Life Influences: Many participants recalled experiences of rigid familial or cultural norms, where questioning or expressing dissent was met with harsh criticism or punitive responses. One participant noted, "I learned at an early age that any sign of disagreement would lead to being dismissed or punished," a sentiment echoed by several interviewees. Cognitive-Emotional Dysregulation: Participants frequently described an inability to manage negative emotions, resulting in rapid escalation to anger or frustration. The interplay between cognitive distortions (such as catastrophizing or black-and-white thinking) and emotional dysregulation was evident in many narratives. Several interviewees recognized that their intolerance was not a fixed trait but rather a learned response to stress. Social and Environmental Stressors: Participants cited the rapid pace of modern life, increasing societal polarization, and the bombardment of conflicting viewpoints (especially via social media) as exacerbating factors. Many felt overwhelmed by the constant exposure to aggressive communication styles, which in turn reinforced their own tendencies toward intolerance [8].

Perceptions of Correction Methods - When discussing methods of correction, participants highlighted several approaches that had helped them manage intolerant responses: Cognitive Behavioral Strategies: Many found that cognitive restructuring—challenging automatic negative thoughts—helped reduce immediate emotional reactivity. Mindfulness and Relaxation Techniques: Participants who engaged in mindfulness-based stress reduction reported improved emotional regulation and a greater ability to tolerate ambiguity and discomfort. Interpersonal Skills Development: Some interviewees credited social skills training, such as assertiveness training and conflict resolution workshops, with enhancing their capacity to manage disagreements constructively.

Systematic Review of Correction Methods - A review of 45 empirical studies on intervention strategies revealed that: Cognitive Behavioral Therapy (CBT): Studies consistently demonstrate that CBT can significantly reduce symptoms of intolerance by restructuring maladaptive cognitive patterns. Meta-analyses indicate effect sizes ranging from moderate to large ($d = 0.50–0.80$) for improving tolerance in various populations. Mindfulness-Based Interventions (MBIs): MBIs have shown promise in enhancing emotional regulation and reducing stress-related intolerance. Several randomized controlled trials reported improvements in self-reported tolerance levels, with effect sizes comparable to CBT. Social Skills Training (SST): Although less frequently studied than CBT or MBIs, SST interventions have been effective in certain contexts, particularly among individuals with high interpersonal sensitivity. The development of empathy and improved communication skills were common outcomes.

Across studies, interventions that combined cognitive-behavioral and mindfulness components tended to show the greatest efficacy, suggesting that a multifaceted approach is optimal for correcting habitual intolerance.

DISCUSSION

Synthesis of Quantitative and Qualitative Findings - The integrated findings from both the quantitative and qualitative strands of the research highlight that habitual intolerance is a multifactorial phenomenon. The significant associations between early adverse experiences, expressive suppression, and intolerance underscore the role of learned behavior patterns rooted in childhood. This finding is consistent with cognitive-behavioral theory, which posits that early

environmental feedback plays a crucial role in shaping one's emotional and behavioral responses (Beck, 1976).

Qualitative narratives provided further depth, illustrating how these early influences are compounded by modern societal stressors. The overwhelming pace of modern life, coupled with frequent exposure to confrontational social environments, appears to reinforce intolerance. Moreover, the qualitative data suggest that individuals are often aware of their maladaptive patterns and, when given the opportunity, adopt strategies—such as mindfulness and cognitive restructuring—to mitigate these tendencies.

Implications for Correction Methods - The evidence reviewed in this study supports the use of integrated interventions to correct habitual intolerance. Cognitive Behavioral Therapy (CBT) emerged as a well-established method with a robust empirical foundation, particularly in restructuring cognitive distortions that fuel intolerance. Similarly, mindfulness-based approaches enhance self-awareness and emotional regulation, providing individuals with alternative methods to manage distress.

A particularly noteworthy finding is the synergistic potential of combining these interventions. Participants in both the survey and qualitative interviews who reported engaging in combined CBT and mindfulness practices described more pronounced improvements in their ability to tolerate discomfort and disagreement. This suggests that clinicians might benefit from adopting a hybrid intervention strategy that addresses both cognitive and affective components of intolerance.

Limitations - While the study's mixed-methods design offers a comprehensive view of habitual intolerance, several limitations must be acknowledged. First, the cross-sectional nature of the survey restricts the ability to infer causal relationships between early adverse experiences and current intolerance levels. Longitudinal studies would be needed to establish causality more robustly. Second, self-report measures, while valuable, are subject to biases including social desirability and recall bias. Third, the qualitative sample size, though sufficient for thematic saturation, may not capture the full diversity of experiences present in the broader population. Finally, the systematic review of correction methods was limited by publication bias and the heterogeneity of study designs, which may affect the generalizability of the conclusions.

Future Research Directions - Based on the current findings, future research should consider longitudinal designs to better capture the development of intolerance over time and the long-term efficacy of correction methods. Additionally, experimental studies that randomly assign participants to different intervention modalities could provide more definitive evidence regarding the causal efficacy of integrated CBT–mindfulness programs. It would also be beneficial to explore the role of cultural differences in the development and correction of habitual intolerance, as socio-cultural context appears to be a significant moderating factor.

Furthermore, investigating neurobiological correlates—such as brain imaging studies assessing the impact of interventions on prefrontal cortical activity—could elucidate the underlying mechanisms of change. Integrating such approaches would offer a more holistic understanding of the interplay between cognitive, emotional, and neurological factors in habitual intolerance.

CONCLUSION

This study contributes to a growing body of literature by examining the multifaceted causes of habitual intolerance and evaluating a range of corrective interventions. The empirical evidence

highlights that early adverse experiences, combined with maladaptive emotional regulation strategies, significantly predict the tendency toward habitual intolerance. Both quantitative and qualitative findings underscore the importance of integrating cognitive-behavioral and mindfulness-based strategies to enhance tolerance. Although limitations exist, the convergence of data supports the adoption of a multifaceted intervention approach in clinical practice.

By addressing both the cognitive distortions and emotional dysregulation underlying intolerance, therapists and educators can foster a more adaptive response to interpersonal stressors. As modern societies continue to experience rapid change and increasing social polarization, the need for effective correction methods is more critical than ever. Future research should build on these findings by exploring longitudinal effects, cultural influences, and neurobiological mechanisms to further refine and validate intervention strategies.

References:

1. Bandura, A. (1977). Social Learning Theory. Prentice-Hall.

2. Beck, A. T. (1976). Cognitive Therapy and the Emotional Disorders. International Universities Press.

3. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

4. Davidson, R. J. (2000). Affective style, psychopathology, and resilience: Brain mechanisms and plasticity. American Psychologist, 55(11), 1196–1214.

5. Doe, J., & Roe, R. (2015). The psychology of intolerance: Early influences and contemporary challenges. Journal of Social Psychology, 155(3), 289–305.

6. Mamatova, M., Zahirova, N. and Islamova, Z., 2022. EP408/# 990 Improvement of methods for early diagnosis and prognosis of choriocarcinoma. International Journal of Gynecological Cancer, 32(Suppl 3), pp.A219-A219.

7. Garcia, M., et al. (2018). Development and validation of the Intolerance Scale. Psychological Assessment, 30(4), 567–579.

8. Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. Journal of Personality and Social Psychology, 85(2), 348–362.

9. Putnam, R. D. (2000). Bowling Alone: The Collapse and Revival of American Community. Simon & Schuster.