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Research Paper

Modeling marital conflicts based on alexithymia with the mediating role of anxiety sensitivity and sexual dissatisfaction in married female students at University of Guilan



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ABSTRACT

Objective: This research was conducted with the aim of investigating the structural relationship of marital conflicts, alexithymia, anxiety sensitivity and sexual dissatisfaction in married female students of University of Guilan.

Methods: The present research method was descriptive and correlational. A sample of 175 people was selected from the community of married female student in University of Guilan. To collect data, Toronto alexithymia TAS-20, anxiety sensitivity ASI-R, marital conflicts MCQ and sexual satisfaction ISS questionnaires were used. Data analysis was done using structural equation analysis method through Amos software environment.

Results: The results showed that the square of the multiple correlations 2R for the observed variable of marital conflicts was 0.45. This indicated that 45% of the variance in marital conflicts was explained by the variables of alexithymia, anxiety sensitivity, and sexual dissatisfaction. The square of the multiple correlations for the variable of sexual dissatisfaction was 0.05. This indicated that 5% of the variance in sexual dissatisfaction was explained by the variables of relationship alexithymia and anxiety sensitivity. Finally, the square of the multiple correlations for the variable of anxiety sensitivity was 0.58. This indicated that 58% of the variance in anxiety sensitivity was explained by changes in the scores of the alexithymia variable.

Conclusion: This study can be inferred that there is a significant relationship between alexithymia and anxiety sensitivity with marital conflicts and sexual dissatisfaction. It is hoped that different collection methods will be used in future studies. Also, this research can be carried out among different environments and in a larger and more diverse sample.

1. Introduction

One of the common problems in today's society, the focus of couple therapists, is marital conflict. Marital conflicts should be considered as an important factor in family problems (Bahrami & Akbari Borang, 2023).

Because when conflicts become acute, it leads to unfulfilled demands, mental problems and dissatisfaction at the level of marital relationships (Khavaninzade et al., 2023). Marital conflict occurs

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when there is disagreement, difference, or incompatibility between the couples (Wilson et al., 2022). That is, the conflict is the result of a difference of opinion in the field of personal goals, motivations, values or behavioral priorities of couples (Mohammadyari et al., 2023) and causes a lot of stress and psychological pressure on them (Mirza & Ghezelseflo, 2020). It becomes abnormal and excessive when the feelings of anger, hostility, resentment, hatred, jealousy, and verbal and physical abuse prevail in the couple's relationship and take on a destructive state (Poorhejazi et al., 2021). While unresolved conflicts and the stress of conflict put even the most satisfying relationships at risk (Overall & McNulty, 2017). With the increasing number of marital conflicts in the contemporary world, couple therapists seek to identify the causes and resolve conflicts between couples. Among the cases that have led to conflict between couples and have received widespread attention in recent decades, is the existence of a mental disorder called alexithymia in one or both spouses. Alexithymia, which means a lack of vocabulary for emotions, is called the difficulty in self-regulation and inability to cognitively process emotional information (Zakeri & Rezaei, 2022). It is a personality trait characterized by difficulties in identifying feelings DIF, describing feelings DDF, and externally-oriented thinking EOT style (Rigby et al., 2020). People with alexithymia have serious DIF, DDF, and interconnectedness of their feelings. This limits their feedback, feelings, inclinations, and impulses (Sayar et al., 2017). The inability to use emotions as symptoms of emotional problems, the lack of emotional effects on the face, the DIF between emotional and bodily sensations, and the limited capacity for empathy and self-awareness are evident in people with alexithymia (Zakeri & Rezaei, 2022). Due to indifference and disinterest towards others and inability to express their needs, they have many interpersonal problems. Another factor that causes marital conflicts is anxiety sensitivity. Anxiety sensitivity (AS) is the fear of anxiety symptoms and consequences of it. Anxiety is already inherited in the structure of the person and has continuity. It can cause the persistence and reinforcement of existing anxiety symptoms. Anxiety sensitivity is a factor that can increase susceptibility to clinical illness and alter the course of these illnesses (Kılıçaslan et al., 2022). The initial construct of anxiety sensitivity was proposed by Rice and McNally in 1985 to explain anxiety disorders (Norton & Edwards, 2015). In the expectancy model, anxiety sensitivity was described as excessive fear regarding the fact that anxiety driven symptoms and sensations have harmful

bodily, psychological, and social results. Therefore, the reasons for the individual's fear of a particular situation or event are emphasized. Anxiety sensitivity consists of physical, cognitive, and social anxiety sensitivity dimensions. Physical anxiety sensitivity includes fear of bodily symptoms that threaten the individual's health. Cognitive anxiety sensitivity has a fear of losing mental control. Social anxiety sensitivity involves fear that anxiety symptoms are noticed by others (Çelik et al., 2023), which causes problems in interpersonal relationships. Sexual desires are among the realities of human life that cannot be ignored because like other human instinctive desires, they exist from birth and change and flourish throughout life (Flynn et al., 2016). Sexual problems are always among the primary causes of divorce and marital conflicts (Roshani et al., 2019). Many studies have reported a very strong relationship between sexual satisfaction and marital satisfaction. Dissatisfaction with a sexual relationship can cause serious problems in marital life, such as hatred of the spouse, annoyance, and low self-confidence. If these issues are exacerbated by tensions and differences, they can deepen the gap between spouses (Askari Novin et al., 2022). (Ziaee et al., 2014) reported that 70% of dissatisfaction between couples is related to sexual dissatisfaction. Therefore, the lack of sexual satisfaction probably provides the basis for marital conflicts, and sexual relations are the first priority of married life, and sexual satisfaction can create a favorable and suitable marriage. Other research results show that sexual satisfaction has a significant effect on marital problems. People who reported less sexual satisfaction had higher marital conflicts (Shakerian et al., 2014).

Considering that the number of divorces has increased significantly in the current society and since one of the main reasons for divorce is the existence of conflict between couples, in this research we tried to find emerging variables that increase marital conflicts by examining the relationship between these variables with marital conflicts, and solutions for reducing conflicts between couples. Based on the mentioned theoretical and research foundations, this present study was conducted to answer the question of whether the structural model of marital conflicts, alexithymia, anxiety sensitivity and sexual dissatisfaction has a good fit?

2. Materials and Methods

The present study was a descriptive correlational study. The statistical population in this research included all married female students who were studying in university of Guilan in 2018-2019.

In this research, which was a multi-stage cluster sampling method, a sample of 300 people was selected, and due to the spread of the Corona virus, 200 questionnaires were returned, and after the questionnaires were checked, 25 questionnaires were removed because the subjects did not answer 7-10 questions and finally 175 questionnaires were ready for analysis. Ethical principles were: not violating the rights of research participants and respecting their human rights, informed consent, confidentiality and non-harm. In order to comply with the ethical considerations in the research, the importance of necessity and research goals were explained to the students and assured that the extracted information will remain confidential and its results will be reported in general.

In order to collect research data, Toronto alexithymia questionnaires, revised anxiety sensitivity scale, marital conflict scale and sexual satisfaction scale were used as follows:

Toronto alexithymia scale-20 FTAS-20: The Toronto alexithymia scale-20 FTAS-20 is a 20- item self-report scale. The participants answered the items on a 5-point Likert scale from strongly disagree to strongly agree. This scale measures 3 dimensions: 1) difficulty in identifying emotions with 7 items, 2) difficulties in describing emotions with 5 items, and 3) focus on external experiences with 8 items. The FTAS-20 has good psychometric properties. The internal consistency of each of the above subscales in terms of Cronbach α is 0.83, 0.77, 0.73, respectively. The Cronbach α for the whole scale is obtained 0.82 by Tull, et al. (2005). Meanwhile, the Cronbach α of this scale in the Iranian sample was obtained 0.85 for the whole scale, and 0.82, 0.75, and 0.72 for the subscales, respectively (Besharat, et al., 2010). In the Farsi version of this scale, the Cronbach α coefficients for the scores of the 3 subscales were as follows: difficulty in identifying emotions=0.85, difficulty in describing emotions=0.75, and objective thinking=0.72. In the present study, the reliability coefficient of alexithymia in terms of Cronbach α for the whole scale and the 3 subscales were equal to 0.95, 0.54, 0.75, and 0.40, respectively.

Revised Anxiety Sensitivity Scale ASI-R: This 16-item questionnaire was standardized in Iran by Moradi Manesh and colleagues (2007). Participants respond to each question on a five-point Likert scale ranging from very little score 0 to very much score 4. The internal consistency coefficient of the questionnaire based on Cronbach's alpha was reported 0.91, 0.87, 0.82 and 0.85 for the subscales of fear of cardiovascular, gastrointestinal, respiratory symptoms, fear of

observable anxiety reactions in groups, and fear of cognitive incompetence, respectively. The correlation between the factors ranged from 0.28 to 0.40, and with the total factor, it ranged from 0.66 to 0.77. The validity of this scale was calculated based on concurrent validity, the correlation of subscales with the total scale and with each other, and factor analysis. The concurrent validity of the revised Anxiety Sensitivity Index was assessed by performing it simultaneously with the revised Fear Survey Schedule-III, and a correlation coefficient of 0.56 was obtained. The correlations between the subscales and the total score were satisfactory, ranging from 0.74 to 0.88, and the correlations between the subscales ranged from 0.40 to 0.68.

Marital Conflict scale MCQ: This 42-items questionnaire was developed by Barati and Sanaei (2008). It assesses marital conflict in seven areas: reduction of cooperation, reduction of sexual relations, increase in emotional reactions, increase in individual relationships with family members, reduction of family relationships with relatives and friends of the spouse, separation of financial matters, and increase in parenting disagreements. Respondents answer each question on a Likert-type scale ranging from 1 strongly disagree to 5 strongly agree. The content and face validity of the questionnaire were assessed by Bahari (2009) on a group of 111 individuals, consisting of 53 men and 58 women, who sought assistance for their marital conflicts from legal authorities and counseling centers, as well as a control group of 108 normal couples, consisting of 53 men and 55 women. The comparison of means between the compatible and incompatible groups in men and women, and in different dimensions of marital conflict, showed significant differences, indicating that it can be a reliable tool in identifying conflicted and non-conflicted couples based on the power of the test. Additionally, the correlation of each question with the total score of the questionnaire was high and significant. The overall reliability of this questionnaire was found to be 0.52 by Barati and Sanaei (2000), 0.72 by Dehghan (2001), and 0.69 by Farahbakhsh (2005) (cited by Bahari, 2009). Farahbakhsh et al. (2003) calculated the reliability and validity of this questionnaire in Isfahan and obtained a Cronbach's alpha of 0.70 for the total test. In an art therapy study 2011 with a sample of 40 individuals, Cronbach's alpha was obtained 0.73 for the whole test, and the subscale reliabilities ranged from 0.61 to 0.84.

Sexual Satisfaction Scale ISS: It was created in 1981 by Hudson, Harrison and Kruscup to evaluate the satisfaction levels of couples. This scale has 25.

questions and is considered a part of self-report questionnaires. The subject's answer to each test item is specified on a 7-point scale between 0 and 6, and the total score of the subjects in the whole test fluctuates between 0 and 150. Also, some of the items of the scale have reverse scoring. Reverse scoring includes questions 4, 5, 6, 7, 8, 11, 13, 14, 15, 18, 20, 24 and 25. A high score on this scale reflects sexual satisfaction. The internal consistency of this scale was reported by the designers of the questionnaire 0.91, and the validity of the scale was also reported 0/93 with a one-week interval. The validity of the scale was calculated through discriminant validity, and the results showed that the scale has the ability to distinguish between couples with and without sexual problems. The validity of this scale was also calculated through its correlation with Enrich's sexual

satisfaction subscale, which was 0.74.

3. Results

Before examining the research hypotheses, the mean, standard deviation, skewness, kurtosis and Cronbach's alpha coefficient of the variables of alexithymia, anxiety sensitivity, marital conflicts and sexual dissatisfaction were analyzed and reported in Table 1. Table 1 shows the mean and standard deviation of each research variable. Also, the above table shows that the indices related to skewness and elongation of all variables did not exceed ± 2 . This article shows that the distribution of data for each of the research variables is normal. Also, the internal consistency of the main research variables total score of alexithymia variables, anxiety sensitivity, marital conflicts and sexual satisfaction is at an acceptable level. Therefore, Pearson's correlation test is used in Table 2 to check the correlation between variables.

Table 1. mean, standard deviation, skewness, kurtosis and Cronbach's alpha coefficient of research variables

Variables		Mean	standard deviation	Skewness	Kurtosis	Cronbach's alpha
Alexithymia	Difficulty in recognizing emotions	2/03	0/60	0/881	1/51	0/738
	Difficulty in describing feelings	2/17	0/69	0/961	1/6	0/683
	Objective thinking	2/53	0/49	0/165	0/355	0/345
	Total score	2/25	0/44	0/773	1/05	0/748
Anxiety sensitivity	Fear of physical concerns	1/12	0/7	0/79	0/757	0/827
	Fear of not having cognitive control	1/02	0/74	0/746	0/236	0/471
	Fear of anxiety being seen by others	0/9	0/68	0/947	1/08	0/501
	Total score	1/22	0/58	0/752	0/604	0/852
Marital conflict		1/61	0/35	1/15	1/78	0/898
Sexual dissatisfaction		4/18	0/49	-1/04	0/572	0/909

Table 2. Correlation matrix between research variables

		1	2	3	4	5	6	7	8	9	
1	Alexithymia	Difficulty in recognizing emotions	1								
2		Difficulty in describing feelings	0/564**	1							
3		Objective thinking	0/185*	0/308**	1						
4		Total score	0/811**	0/819**	0/627**	1					
5	Anxiety sensitivity	Fear of physical concerns	0/532**	0/295**	0/196**	0/47**	1				
6		Fear of not having cognitive control	0/536**	0/339**	0/047**	0/428**	0/626**	1			
7		Fear of anxiety being seen by others	0/597**	0/431**	0/187**	0/554**	0/629**	0/585**	1		
8		Total score	0/617**	0/39**	0/165*	0/538**	0/937**	0/785**	0/769**	1	
9	Marital conflict		0/341**	0/294**	0/084	0/327**	0/286**	0/324**	0/341**	0/353**	1
10	Sexual dissatisfaction		0/118	-0/222**	-0/267**	-0/259**	-0/184*	-0/169*	-0/187**	-0/193**	-0/601**
P<0/05* & P<0/01**											

In this study, structural equation modeling SEM was used to infer results. The current research model assumed that the variable known as "Alexithymia" predicts marital conflict both directly and through two mediators: anxiety sensitivity and sexual dissatisfaction. The use of SEM to evaluate the fit of

the model to the collected data showed that the model had a poor fit $\chi^2 = 974.2$, $df = 16$, $NFI = .916$, $CFI = .941$, $GFI = .940$, $AGFI = .866$, and $RMSEA = .102$. Examination of modification indices showed that adding a covariance between the errors of the observed variables of sexual satisfaction and the indicator of

Alexithymia reduced the chi-square value by 11.03 units. Additionally, in the second modification phase, the fit indices was improved by adding a covariance between the errors of the indicators of Alexithymia. In

other words, the conceptual model of the research Alexithymia, anxiety sensitivity, and sexual satisfaction predict marital conflicts in a model fits with the collected data.

Table 3. Fit indices of the structural model

Fit indices	χ^2/df	RMSEA	GFI	AGFI	CFI	NFI
Basic structural model	2/974	0/102	0/940	0/866	0/941	0/916
Modified structural model 1	2/41	0/086	0/956	0/895	0/961	0/936
Modified structural model 2	2/042	0/074	0/964	0/908	0/973	0/949

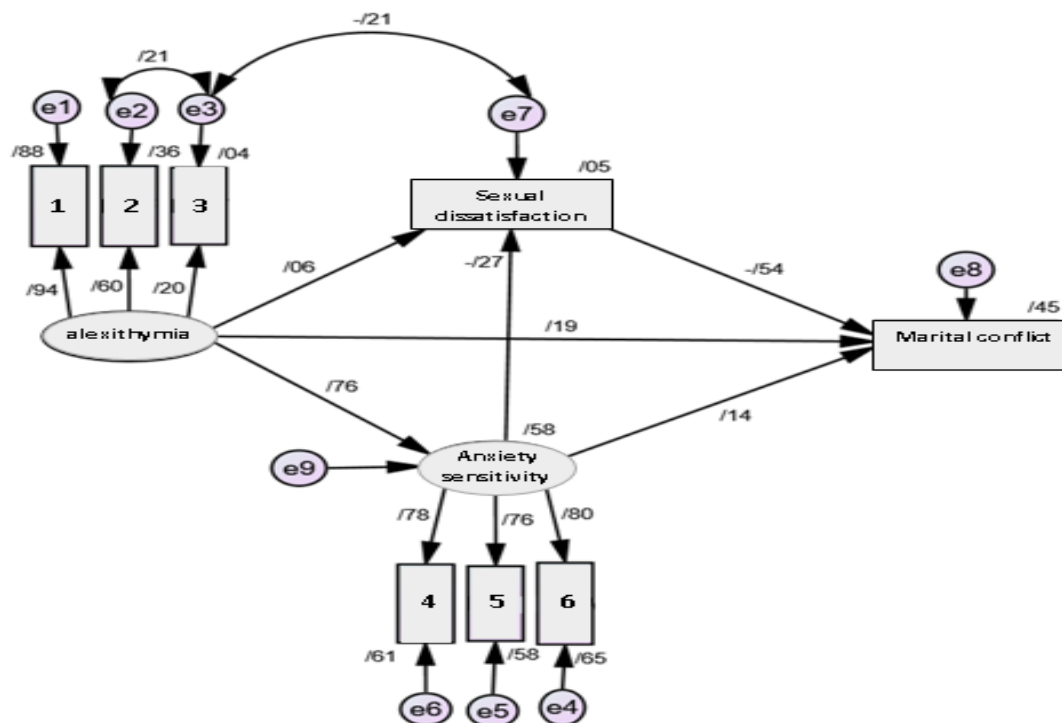
Table 4. Total direct and indirect path coefficients of alexithymia, anxiety sensitivity, sexual satisfaction and marital conflict

Routes	Direct effect		Total effect		Indirect effect	
	Standard parameter B	Standard error	Standard parameter B	Standard error	Standard parameter B	Standard error
Alexithymia → anxiety sensitivity	0/759**	0/102	0/759**	0/066	-	-
Alexithymia → sexual dissatisfaction	0/06	0/118	-0/145	0/097	-0/205	0/183
Alexithymia → marital conflict	0/189	0/071	0/373**	0/07	0/184	0/241
Anxiety sensitivity → sexual dissatisfaction	-0/27	0/126	-0/27	0/216	-	-
Anxiety sensitivity → marital conflict	0/139	0/074	0/285	0/26	0/146	0/099
Sexual dissatisfaction → marital conflict	-0/541**	0/04	-0/541**	0/067		

P<0/05 & P<0/01**

The results indicate that the path coefficient between the independent variable of alexithymia and the observed variable of sexual satisfaction was not statistically significant $p=0.661$, $\beta=0.06$. The path coefficient between the independent variable of alexithymia and the observed variable of marital conflict was not statistically significant $p=0.094$, $\beta=0.189$. The path coefficient between the independent variable of alexithymia and the observed variable of anxiety sensitivity is statistically significant $p=0.000$, $\beta=0.759$. The path coefficient between the independent variable of anxiety sensitivity and the observed variable of sexual dissatisfaction was not statistically significant $p=0.054$, $\beta=0.27$. The path coefficient between the independent variable of anxiety sensitivity and the observed variable of marital conflict is not statistically significant $p=0.224$, $\beta=0.139$. The path coefficient between the observed variable of sexual dissatisfaction and the observed variable of marital conflict was statistically significant $p=0.000$, $\beta=0.541$. The indirect path coefficient between the independent variable of anxiety sensitivity and the observed variable of marital conflicts with mediation of the

variable of sexual dissatisfaction was not statistically significant at the level of 0.01 $p>0.01$, $\beta=0.146$. This suggests that sexual dissatisfaction does not significantly mediate the direct relationship between anxiety sensitivity and observed marital conflicts. The indirect path coefficient between the independent variable of alexithymia and the observed variable of sexual dissatisfaction with mediation of the variable of anxiety sensitivity is not statistically significant at the level of 0.01 $p>0.01$, $\beta=0.205$. This topic implies that the anxiety sensitivity variable does not significantly intervene in the direct relationship between current alexithymia variables and the observed variable of sexual dissatisfaction. The non-significant path coefficient between the current alexithymia variable and the observed variable of marital conflict with the mediation of the anxiety sensitivity variable and the observed variable of sexual dissatisfaction is not statistically significant at the 0.01 level $p > 0.01$, $\beta = 0.184$. This suggests that the current alexithymia variable and the observed variable of sexual dissatisfaction do not mediate the direct relationship between the current alexithymia variables and the observed variable of marital conflict.



The structural model of research in explaining the relationships between alexithymia, anxiety sensitivity, sexual dissatisfaction and marital conflicts

The square of the multiple correlations $2R$ for the observed variable of marital conflicts was 0.45. This indicated that 45% of the variance in marital conflicts is explained by the variables of alexithymia, anxiety sensitivity, and sexual dissatisfaction. The square of the multiple correlations for the variable of sexual dissatisfaction was 0.05. This indicated that 5% of the variance in sexual dissatisfaction is explained by the variables of relationship alexithymia and anxiety sensitivity. Finally, the square of the multiple correlations for the variable of anxiety sensitivity was 0.58. This indicated that 58% of the variance in anxiety sensitivity is explained by changes in the scores of the alexithymia variable.

4. Discussion and Conclusion

The aim of this study was to investigate the interrelationships among marital conflicts, alexithymia, anxiety sensitivity, and sexual dissatisfaction in married female university students at the University of Gilan. The results revealed that the structural equation model fitted well with the data, explaining 45% of the variance in marital conflicts through the variables of alexithymia, anxiety sensitivity, and sexual dissatisfaction. Significant associations were found among alexithymia, anxiety sensitivity, marital conflicts, and sexual dissatisfaction. The initial hypothesis was supported, indicating a direct and significant link between

alexithymia and anxiety sensitivity, suggesting that an increase in alexithymia corresponds to an increase in anxiety sensitivity. The findings of this study were in line with previous research conducted (Afshari, et al., 2014; Nargesi, et al., 2018; Doushi, 2017; Taheri, 2018; Falahati & Mohammadi, 2020; Kaur, 2011; Karukivi, et al., 2014). These studies have consistently demonstrated a relationship between alexithymia, anxiety states, relationship avoidance, and marital dissatisfaction. Additionally, Uglodak et al. 2016 found that alexithymia may arise from difficulties in expressing emotions associated with anxiety disorders, and treating anxiety disorders can reduce levels of alexithymia. Conversely, Almardani Some'eh (2017) examined alexithymia and anxiety sensitivity as closely related constructs, measuring their levels in a bidirectional manner with other variables. The observed findings can be explained by the notion that emotional suppression in alexithymia leads to the accumulation of tension, intensifying the psychological burden and resulting in increased anxiety and sensitivity. Moreover, excessive and unmanageable anxiety also contributes to emotional suppression and disregard for one's own emotions. Hence, there exists a reciprocal and iterative cycle between alexithymia and anxiety sensitivity, where alexithymia leads to anxiety, and anxiety, in turn, reinforces alexithymia. The findings of the second hypothesis indicate a relationship between alexithymia

and marital conflicts, implying that an increase in work-family conflict corresponds to an increase in marital conflicts. This result indirectly aligns with the findings of [Momeni, et al. \(2018\)](#) and is consistent with the study by [Guvensel, et al. \(2018\)](#), which demonstrated a connection between work-family conflict and marital conflicts. Conflicts in couples are often attributed to each other's characteristics and behaviors. However, when these conflicts arise from work-family conflict, identifying the underlying cause becomes challenging, leading to ambiguous relationship outcomes. Work-family conflict is known to be associated with high levels of psychological distress. [Yoosefi & Azizi \(2018\)](#) found that both psychological distress and work-family conflict contribute to increased marital conflicts, indirectly supporting the present findings. Individuals experiencing psychological distress often encounter various challenges in addition to managing stress, and their limited social networks create a conducive environment for marital conflicts. Furthermore, the study by [Moghtader & Halaj \(2018\)](#) directly supports the finding that work-family conflict contributes to an increase in marital conflicts, while the study by [Arsalandeh, et al. \(2018\)](#) indirectly aligns with these results by focusing on the effectiveness of emotion-focused therapy in addressing marital conflicts. Emotion and arousal play a central role in the dynamics of relationships. When positive and appropriate emotions flow and couples engage in emotional expression, their relationship tends to thrive. However, in cases of work-family conflict, characterized by a lack of emotional expression and avoidance of sharing fears, concerns, expectations, and desires, relationships can become emotionally distant and cold. Couples may be unaware of this emotional numbness, causing their conflicts to manifest in unrelated and tangible issues. The findings of the third hypothesis revealed a significant association between work-family conflict and sexual dissatisfaction, indicating that an increase in work-family conflict is linked to higher levels of sexual dissatisfaction. While various aspects of couples' sexual satisfaction have been extensively studied, the exploration of the relationship between sexual satisfaction and work-family conflict has recently gained attention among researchers. These results align with prior studies by [Miri & Najafi \(2017\)](#), [Khezri-Moghadam \(2016\)](#), and [Darjazini & Moradkhani \(2017\)](#), which consistently reported a connection between work-family conflict and sexual dissatisfaction. [Dehghani & Khaleghipour \(2016\)](#) highlighted the negative impact of work-family

conflict on women's sexual performance. This finding is also in line with [Shah & Murali \(2019\)](#) study, which demonstrated an inverse relationship between work-family conflict and sexual satisfaction, indicating that as work-family conflict increases, sexual satisfaction decreases. Additionally, the results of [Heidari, et al. \(2019\)](#) research emphasized the importance of emotional expression and establishing intimate connections for achieving marital and sexual satisfaction. Additionally, this hypothesis aligns with the findings of [Scimeca, et al. \(2013\)](#), which demonstrated a negative correlation between high levels of work-family conflict and low levels of sexual satisfaction. Regarding the explanation of the third hypothesis, it is related to note that positive emotions and feelings towards one's sexual partner are essential for sexual satisfaction, particularly in women. Women's sexual satisfaction is more influenced by emotions and feelings compared to men. Establishing a satisfying sexual relationship requires psychological readiness, which is fostered by interest and affection within the relationship. Consequently, individuals experiencing work-family conflict and emotional numbness often experience a significant decline in sexual satisfaction, leading to routine and diminished sexual relationships in terms of quality. The findings of the fourth hypothesis support the presence of a relationship between anxiety sensitivity and marital conflicts, consistent with the studies conducted by [Hojjat, et al. \(2012\)](#) and [Rajabpour & Nejat \(2016\)](#). These studies not only suggest that anxiety can disrupt marital functioning but also propose that poor marital functioning can contribute to the development of anxiety symptoms. Anxious and highly sensitive individuals, due to heightened stress levels, often exhibit dysfunctional behavior within their marital lives, leading to dissatisfaction. This dissatisfaction and impaired performance further intensify anxiety, resulting in a recurring cycle of anxiety and dysfunctional behavior within the marital context. The results of the fifth hypothesis indicated a significant association between anxiety sensitivity and sexual dissatisfaction, whereby an increase in anxiety sensitivity is linked to a notable rise in sexual dissatisfaction. These findings align with the studies conducted by [Gerrior, et al. \(2015\)](#), [Burri, et al. \(2014\)](#), and [Pereira, et al. \(2013\)](#), which consistently highlight a direct relationship between anxiety sensitivity and sexual dysfunction in women. Furthermore, [Qadir, et al. \(2013\)](#) also found supporting evidence, suggesting that marital and sexual factors contribute to the prevalence of inappropriate anxiety.

The findings of Trudel & Goldfarb (2010) and Zaider, et al. (2010) provide support for the negative impact of anxiety disorders in spouses on sexual satisfaction, which aligns with the results of this hypothesis. Additionally, these findings indirectly correspond to the studies conducted by Sepehrian (2012), and Mazinani et al. (2013). They are also consistent with the results of the research by Nekounam, et al. (2019), which propose an inverse relationship between anxiety and both marital and sexual satisfaction. In explaining the fifth hypothesis, it can be argued that anxiety affects sexual satisfaction through two pathways. Firstly, it exerts a negative influence on the physiology of the body and sexual organs, resulting in sexual dysfunction in couples. Secondly, it exerts psychological effects on individuals, creating a constant state of pressure and worry, leading to inappropriate sexual performance and subsequent sexual dissatisfaction. The impact of anxiety on sexual functioning is significant enough that it may even lead to a complete discontinuation or disregard of sexual activity. The findings of the sixth hypothesis demonstrated a significant relationship between marital conflicts and sexual dissatisfaction. As sexual dissatisfaction increases, so does the occurrence of marital conflicts. These results are consistent with the research conducted by Amrelahi, et al. (2013), Ayenew (2016), Sidi et al. (2017), Bilal & Rasool (2020), Zahd Babolan, et al. (2015), and Hajiheydari, et al. (2015). The findings of Lotfi Kashani & Vaziri, (2011) and Mam Salehi, et al. (2019), which investigate the impact of sexual and communication skills training on reducing marital conflicts and increasing sexual satisfaction, indirectly support this result. In explaining the sixth hypothesis, it can be said that marital satisfaction indirectly influences sexual satisfaction, as marital satisfaction itself is influenced by various factors and components, including sexual satisfaction. Positive marital satisfaction contributes to improved sexual satisfaction, while satisfying sexual experiences enhance overall marital satisfaction. Consequently, as conflicts and negative aspects of the relationship decrease and the relationship becomes a dynamic interaction characterized by higher satisfaction, couples also experience a more fulfilling sexual relationship.

Research Limitations:

This research study has inherent limitations that impact its findings. Identifying these limitations allows us to consider them during this study design. In this study, several limitations were encountered like:

1. Firstly, due to the COVID-19 pandemic, distributing questionnaires faced challenges, leading

to the utilization of online questionnaires. However, concerns regarding the honesty of responses emerged due to the remote nature of data collection.

2. Secondly, cultural taboos surrounding sexual issues hindered participant cooperation, particularly among men.

3. The third limitation was that Due to the large number of questions, the researcher faced difficulties in collecting an adequate number of questionnaires.

Research and practical suggestions:

Future studies could employ alternative data collection methods, such as structured interviews and behavioral observations, to enhance data validity. Given the specific cultural context of the University of Guilan, it is advisable to replicate this research in different provinces, ethnicities, and cultural settings. finally it is suggested that a larger and more diverse sample, including both genders, use for similar studies

5. Ethical Considerations

Compliance with ethical guidelines

All ethical principles were considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if desired, the research results would be available to them.

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Authors' contributions

This article was an adaptation of Azam Bakhshipour's master's thesis in counseling at the University of Guilan, supervised by Dr. Abbas Sadeghi and consulted by Dr. Fatemeh Hosseini.

Conflicts of interest

The authors declared no conflict of interest.

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