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Structural Model of Marital Intimacy Based on Marital Distress and Psychological Flexibility in Married Individuals: Mediated by Self-Compassion

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ABSTRACT

Objective: This study aimed to develop and test a structural model of marital intimacy, examining the roles of marital distress and psychological flexibility, with self-compassion as a mediating factor, in married individuals.

Methods: A descriptive-correlational design was employed. The study population consisted of married individuals (men and women) aged 34–55 living in Eslamshahr, Iran, who had a child enrolled in the first cycle of secondary school in 2023. Using staged cluster sampling, 443 participants were selected. Data were collected using validated measures of marital intimacy, psychological flexibility, marital distress, and self-compassion. Structural equation modeling (SEM) was used to analyze the proposed model.

Results: The findings indicated that the structural model of marital intimacy, incorporating marital distress and psychological flexibility with self-compassion as a mediator, demonstrated good fit. Both marital distress and psychological flexibility had significant direct effects on marital intimacy, as well as indirect effects mediated by self-compassion.

Conclusions: The study highlights the importance of psychological flexibility and self-compassion in mitigating the negative impact of marital distress on intimacy. Interventions aimed at enhancing psychological flexibility and fostering self-compassion may improve marital intimacy, particularly among couples experiencing distress. Future research should explore longitudinal and cross-cultural validations of this model.

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Introduction

Marriage is one of the most significant life experiences that profoundly shapes an individual's personal and social development (Gomes & Sá, 2021). While couples may experience stability and satisfaction within their marital life, they also inevitably encounter conflicts and challenges. One of the central difficulties in marital relationships is the disruption of marital intimacy (Barak et al., 2024).

Marital intimacy refers to a close and friendly bond that requires awareness, deep understanding, and mutual acceptance by both partners (Duo et al., 2024). As a fundamental human need, intimacy plays a vital role in the development of genuine emotional relationships. It is recognized as an interactive, dynamic, and multidimensional process encompassing emotional, psychological, cognitive, sexual, physical, spiritual, social, recreational, and aesthetic dimensions (MacKinnon & Hill, 2024). In his model, Bagarozzi (2001) identified emotional, psychological, cognitive, sexual, physical, spiritual, social-recreational, aesthetic, and temporal intimacy as distinct but interrelated dimensions within marital relationships.

Couples who experience greater intimacy often report higher levels of marital satisfaction, which in turn contributes to both physical and emotional well-being. Conversely, deficits in intimacy may give rise to a range of behavioral and emotional problems (Al-Bayoudi, 2018). The quality of intimacy is therefore a pivotal skill in marital life, which is frequently challenged by stressful or unpredictable circumstances. Psychological flexibility plays a crucial role in these contexts, as individuals with greater flexibility demonstrate the capacity to accept life's realities, regulate emotions, and adopt effective problem-solving strategies (Tep, 2014).

When dissatisfaction, stress, or uncertainty permeates marital interactions, marital distress emerges (Grimashivova, 2024). Such distress may result from various factors, including lack of communication, value disagreements, poor emotion regulation, financial difficulties, neglect of partner needs, or sexual and self-confidence issues (Wilson et al., 2024). Over time, marital distress can exert negative effects on marital relationships and overall relational stability (Altarawneh & Alnawaiseh, 2024).

In this regard, sense of coherence (SOC) has been conceptualized as a personal orientation toward life that serves as an internal resource positively influencing physical and psychological health (Jahanbakhshi et al., 2022). SOC reflects a stable yet dynamic sense that life events are

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comprehensible, structured, and explainable (Khani & Aghaie, 2022). According to Antonovsky's conceptualization, SOC is composed of three components: comprehensibility (perceiving the world as structured and predictable), manageability (perceiving sufficient resources to cope with external and internal demands), and meaningfulness (viewing challenges as worthy of engagement) (Hoffman et al., 2017).

Another psychological resource that appears to support marital adaptation is self-compassion. Defined as a positive attitude toward oneself during times of failure and distress, self-compassion has been highlighted as a protective factor that fosters emotional flexibility and resilience (Karney & Bradbury, 2020). Self-compassionate individuals acknowledge human imperfection, viewing mistakes and setbacks as universal experiences. This perspective is associated with greater life satisfaction, intrinsic motivation, and personal growth, while buffering against self-criticism, anxiety, and depression (Kumar et al., 2023).

Close interpersonal bonds play a crucial role in psychological and physical well-being, as well as in effective functioning across individual, family, and occupational domains. While healthy and satisfying relationships yield numerous positive outcomes, unsatisfactory or conflict-laden marriages may undermine physical and psychological health (Koruk & Ozabasi, 2023). Therefore, exploring psychological characteristics that influence intimacy among couples is of considerable importance.

Despite the extensive literature on marital functioning, relatively few studies have directly examined the interplay among marital intimacy, alexithymia, psychological flexibility, and marital distress, particularly with sense of coherence and self-compassion as potential mediating mechanisms. Addressing this gap is essential, especially given the rising prevalence of marital problems in contemporary societies.

Understanding the predictors of marital intimacy not only contributes to the development of effective interventions for couples reporting intimacy deficits, but also enhances the quality of marital relationships in couples without existing problems. Furthermore, identifying the factors that foster intimacy can equip young men and women at the threshold of marriage with preventive skills and greater relational awareness.

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Accordingly, the present study sought to address the following research question: Does a structural model of marital intimacy based on psychological flexibility, and marital distress, mediated by self-compassion, demonstrate adequate fit among married individuals?

Material and Methods

The present study employed an applied research design in terms of purpose and a descriptive-correlational approach using structural equation modeling (SEM) for data analysis. The statistical population consisted of parents (both mothers and fathers) aged 34 to 55 years residing in Eslamshahr city, who had children enrolled in lower secondary schools during the academic year 2023–2024. A multi-stage cluster sampling method was applied. From six educational districts in Eslamshahr, districts 2 and 5 were randomly selected. Subsequently, eight public lower secondary schools (both girls' and boys' schools) were chosen. From each school, two classes at each grade level were selected, resulting in a total of 48 classes.

Among the students in these classes, 550 students living with both parents were identified, and subsequently, their mothers and fathers were invited to participate. Following inclusion criteria and initial screening, 482 parents agreed to participate. After accounting for sample attrition, the final sample comprised 443 parents, including 212 fathers and 231 mothers.

Data were collected through self-report questionnaires administered to participating parents. Structural equation modeling (SEM) was employed to examine the research hypotheses. Statistical analyses were conducted using SPSS version 24 and AMOS version 24.

Instruments

Marital Intimacy Questionnaire (MINQ)*:* The Marital Intimacy Questionnaire (MINQ)**,** developed by Bagarozzi (2001), consists of 41 items across eight dimensions: emotional, psychological, cognitive, sexual, physical, spiritual, aesthetic, and social-recreational intimacy. Reliability and validity have been supported in Iranian samples (Etemadi, 2005; Khamseh & Hosseinian, 2007, as cited in Rezaei Vala & Yarmohammadi Vasel, 2020). Reported Cronbach's alphas range from 0.65 to 0.91 across subscales, with total scale reliabilities between 0.82 and 0.94. In the present study, internal consistency was confirmed, with Cronbach's alpha above 0.80 for the total scale.

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Acceptance and Action Questionnaire-II (AAQ-II): The AAQ-II (Bond et al., 2011) is a 10-item scale measuring psychological inflexibility and experiential avoidance. Items are rated on a 7-point Likert scale (1 = never true to 7 = always true). Higher scores indicate greater inflexibility. The instrument has demonstrated adequate internal consistency (α = .84) and test-retest reliability (r = .81). In Iran, Abasi et al. (2012) reported satisfactory psychometric properties. In the current study, Cronbach's alpha indicated good internal consistency (α > .75).

Marital Taxon Self-Report Measure (MTSRM): Developed by Wiseman et al. (2009), the MTSRM is a 10-item scale measuring marital distress. Scores are calculated based on specific item response patterns, with a cut-off score of 4. The scale has shown good convergent validity with the Revised Marital Satisfaction Questionnaire and test-retest reliabilities of .78 (men) and .80 (women). In Iranian samples, Behradfar et al. (2016) reported convergent validity (r = .62) and reliability (α = .94). In the current study, Cronbach's alpha was .79.

Self-Compassion Scale – Short Form (SCS-SF): The SCS-SF (Neff, 2003) consists of 12 items across six subscales: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. Items are rated on a 5-point Likert scale (1 = almost never to 5 = almost always). Half of the items are reverse scored. Neff (2003) reported high internal consistency (α = .92) and test-retest reliability (r = .93). In Iranian studies (Shahbazi et al., 2015), reliability indices for subscales ranged from .77 to .92. In the present study, Cronbach's alpha was .76.

Ethical Considerations

This study was conducted in accordance with the ethical standards of the Declaration of Helsinki. Prior to data collection, approval was obtained from the relevant university research ethics committee. Participation was voluntary, and informed consent was obtained from all participants after providing a clear explanation of the study objectives and procedures. Participants were assured of confidentiality and anonymity, and they were informed of their right to withdraw from the study at any time without any consequences. Data were collected and stored securely, accessible only to the research team, and used solely for research purposes.

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Results

Table 1 presents the demographic characteristics of the sample, including parental education level and gender. Among the 443 parents, 42.66% held a high school diploma, 16.25% an associate degree, 32.05% a bachelor's degree, 6.99% a master's degree, and 2.03% a doctoral degree. Regarding gender, 52.1% of participants were mothers and 47.9% were fathers.

Table 1. Demographic characteristics of participants (N = 443)

Variable	Category	Frequency	Percentage
Parental Education	High school diploma	189	42.66%
	Associate degree	72	16.25%
	Bachelor's degree	142	32.05%
	Master's degree	31	6.99%
	Doctoral degree	9	2.03%
Parental Gender	Mothers	231	52.1%
	Fathers	212	47.9%

Table 2 presents descriptive statistics (means and standard deviations) along with correlation coefficients among the study variables. Results showed that marital distress was significantly and negatively correlated with marital intimacy ($r = –.592$, $p < .01$). In contrast, psychological flexibility ($r = .449$, $p < .01$) and self-compassion ($r = .619$, $p < .01$) were positively correlated with marital intimacy.

Table 2. Descriptive statistics and correlations among study variables

Variables	M	SD	1	2	3	4
1. Marital distress	6.81	1.31	1			
2. Psychological flexibility	32.59	8.30	–.321**	1		
3. Self-compassion	32.17	8.28	–.634**	.431**	1	
4. Marital intimacy	156.51	24.61	–.592**	.449**	.619**	1

*Note: $p < .05$, *$p < .01$.

Prior to conducting SEM analysis, statistical assumptions were examined. Univariate outliers were identified through boxplots, and multivariate outliers were assessed using Mahalanobis distance, with extreme cases excluded. Skewness and kurtosis indices indicated normal distribution of variables (values within ±1). Kolmogorov-Smirnov tests further confirmed normality ($p > .05$).

The independence of errors was confirmed using the Durbin-Watson statistic (DW = 1.929), indicating no autocorrelation. Multicollinearity diagnostics, including Pearson correlations, tolerance, and variance inflation factor (VIF), showed no evidence of multicollinearity (all tolerance > .10, all VIF < 10).

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The proposed structural model, including self-compassion as a mediator between marital distress, psychological flexibility, and marital intimacy, was tested using SEM. The standardized path coefficients are presented in Figure 1.

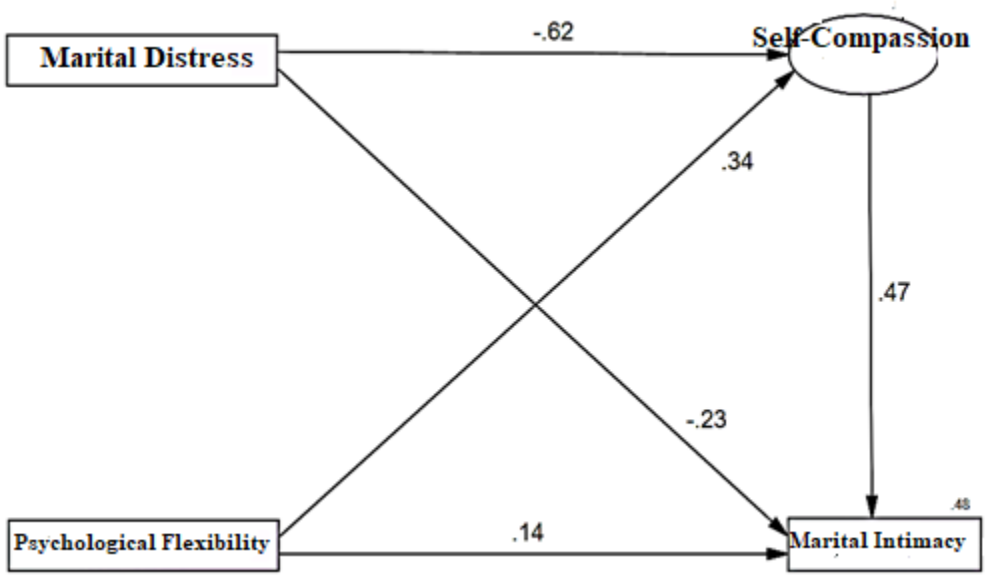


Figure 1. Standardized coefficients of the structural model showing the mediating role of self-compassion in the relationship between marital distress, psychological flexibility, and marital intimacy

Model fit indices are shown in Table 3. The chi-square to degrees of freedom ratio ($\chi^2/df = 4.248$) was below the acceptable threshold of 5, supporting model fit. Additional indices indicated satisfactory fit: IFI = .910, GFI = .940, RMSEA = .072, SRMR = .064, CFI = .908, and NFI = .907. All indices met recommended cut-off criteria, confirming an acceptable model fit.

Table 3. Model fit indices

Fit index	Acceptable threshold	Observed value	Evaluation
χ^2/df	≤ 5	4.248	Adequate
IFI	> .90	.910	Adequate
GFI	> .90	.940	Adequate
RMSEA	< .08	.072	Adequate
SRMR	< .08	.064	Adequate
CFI	> .90	.908	Adequate
NFI	> .90	.907	Adequate

Table 4 summarizes the direct, indirect, and total effects among variables. Marital distress had a significant negative direct effect on self-compassion (β = –.624, p < .01) and marital intimacy (β

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= –.230, p < .01). Furthermore, it indirectly affected marital intimacy through self-compassion (β = –.295, p < .01). Psychological flexibility positively predicted self-compassion (β = .340, p < .01) and marital intimacy directly (β = .142, p < .01) and indirectly via self-compassion (β = .161, p < .01). Self-compassion itself had a significant positive direct effect on marital intimacy (β = .473, p < .01).

Table 4. Direct, indirect, and total effects among study variables

Predictor	Outcome	Direct effect (β)	Indirect effect (β)	Total effect (β)	R^2
Marital distress	Self-compassion	–.624**	–	–.624**	.505
Psychological flexibility	Self-compassion	.340**	–	.340**	
Marital distress	Marital intimacy	–.230**	–.295**	–.525**	.478
Psychological flexibility	Marital intimacy	.142**	.161**	.303**	
Self-compassion	Marital intimacy	.473**	–	.473**	

*Note: $p < .05$, *$p < .01$.

Overall, the results demonstrated that marital distress negatively predicted self-compassion and marital intimacy, while psychological flexibility positively predicted both self-compassion and marital intimacy. Importantly, self-compassion mediated the associations of both marital distress and psychological flexibility with marital intimacy, highlighting its central role as a protective psychological mechanism in marital relationships.

Discussion

The findings presented in Chapter Four indicated that psychological flexibility and self-compassion were positively and significantly associated with marital intimacy, whereas alexithymia and marital distress were negatively and significantly related to marital intimacy. Furthermore, sense of coherence and self-compassion mediated the relationships between alexithymia, psychological flexibility, marital distress, and marital intimacy. These results suggest that alexithymia, psychological flexibility, and marital distress predict marital intimacy both directly and indirectly through the mediating roles of sense of coherence and self-compassion. The overall structural model demonstrated good fit to the data.

Marital intimacy is a key component of marital satisfaction, encompassing emotional and physical aspects of the marital relationship that foster feelings of security, belonging, and closeness between partners. The present findings suggest that higher levels of intimacy serve as a protective factor against marital distress and enhance the overall quality of marital life. In contrast, alexithymia—

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defined as the inability to identify and express one's emotions—was found to hinder effective communication in marital relationships. Individuals who struggle with alexithymia may experience difficulties in expressing their needs and feelings to their partner, which can lead to misunderstandings, tension, and conflict. These findings are consistent with prior research (Hashemipour et al., 2022; Shahabi et al., 2021; Davami et al., 2019; Irandoost et al., 2018; Wang et al., 2024; Kamwa et al., 2021; Di Fabio & Saklofske, 2021; Inwood & Ferrari, 2018), which demonstrated that emotional and psychological difficulties negatively impact marital quality and increase relational strain.

Psychological flexibility, the ability to adapt effectively to changes and life challenges, was also shown to contribute positively to marital intimacy. Flexible individuals are better able to manage relational stressors, thereby reducing marital distress and promoting satisfaction. Marital distress itself refers to the set of difficulties and conflicts experienced by couples in the course of their shared life, often arising from mismatched expectations, financial stress, parenting challenges, or other daily pressures. The present findings are in line with previous studies (Kamali Nia et al., 2024; Al-Kathir, 2022; Hashemipour et al., 2022; Pieszkowska & Rønnlund, 2021; Twistleton et al., 2020; Meyer et al., 2018; Matos et al., 2017), which demonstrated that decreased flexibility in marital relationships is associated with lower levels of intimacy and satisfaction.

The results further suggest that low psychological flexibility and alexithymia increase the likelihood of marital distress. In this context, sense of coherence appears to act as a mediating mechanism. Sense of coherence reflects individuals' capacity to maintain emotional balance and organize responses positively when facing life challenges. Couples with stronger sense of coherence are more capable of regulating their emotions and addressing conflicts calmly and constructively.

Similarly, self-compassion—defined as treating oneself with kindness, understanding, and forgiveness—was shown to play a mediating role in marital intimacy. Self-compassionate individuals are more forgiving of their own shortcomings and respond to themselves with care, reducing marital distress and enhancing intimacy. These findings align with previous research (Namani et al., 2024; Delghandi & Shabani, 2023; Etimani et al., 2022; Jahanbakhshi et al., 2022), which highlights the protective function of self-compassion in marital relationships.

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Taken together, these results suggest that improving alexithymia and psychological flexibility may reduce marital distress and strengthen intimacy. Additionally, fostering sense of coherence and self-compassion among couples could further improve marital quality. Accordingly, marital intimacy appears to be both directly and indirectly predicted by alexithymia, psychological flexibility, and marital distress, mediated through sense of coherence and self-compassion. The proposed structural model of marital intimacy demonstrated satisfactory fit.

This study is not without limitations. Potential intervening variables such as socioeconomic status, relational trauma, and levels of spirituality within families may play significant roles in shaping marital intimacy but were not assessed in the present research. Given the predominance of non-clinical married participants and the influence of social taboos, self-report biases may also have affected the findings. Thus, the possibility that unmeasured confounding variables influenced the results cannot be ruled out.

Future studies are recommended to address these limitations by examining the influence of such intervening factors. Investigating these variables could provide a more comprehensive understanding of the mechanisms influencing marital intimacy and strengthen the applicability of structural models in this domain.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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