




## A Structural Model of Marital Intimacy: The Roles of Alexithymia and Psychological Flexibility Mediated by Psychological Cohesion

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### ABSTRACT

**Objective:** The present study aimed to develop a structural model of marital intimacy based on alexithymia and psychological flexibility, with the mediating role of psychological cohesion among married individuals.

**Methods:** This descriptive-correlational study was conducted on a statistical population comprising parents (men and women) aged 34 to 55 years, residing in Eslamshahr, who had children enrolled in lower secondary school in 2023. Using a multistage cluster sampling method, 443 individuals were selected as the research sample. Data were collected using the Marital Intimacy Questionnaire, the Toronto Alexithymia Scale, the Acceptance and Action Questionnaire for psychological flexibility, the Marital Status Self-Report Scale, and the Sense of Coherence Questionnaire. Data were analyzed using structural equation modeling (SEM) with SPSS-24 and AMOS-24 software.

**Results:** Findings indicated that the proposed structural model of marital intimacy based on alexithymia and psychological flexibility, mediated by psychological cohesion, demonstrated a good fit with the data. Moreover, both alexithymia and psychological flexibility predicted marital intimacy directly and indirectly through psychological cohesion among married individuals.

**Conclusions:** The results highlight the central role of psychological cohesion in strengthening marital intimacy, suggesting that both emotional alexithymia and psychological flexibility contribute to intimacy in marriage, both independently and through their influence on psychological cohesion.

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## Introduction

Marriage is one of the most significant life experiences that profoundly influences an individual's life ([Gomes et al., 2022](#)). Marital life begins with the union of man and woman through marriage and the formation of a family ([Barak et al., 2024](#)). Marital intimacy refers to a close and friendly connection that requires awareness, deep understanding, and mutual acceptance from both partners ([Du et al., 2024](#); [Esmaili et al., 2022](#)). Intimacy is considered a fundamental human need and an essential process in the development of genuine emotional relationships ([Nikrouy et al., 2025](#)). It is an interactive, dynamic, and multidimensional process encompassing emotional, psychological, cognitive, sexual, physical, spiritual, social, recreational, and aesthetic dimensions ([Kohlenberg et al., 2008](#); [Mackinnon & Hill, 2024](#)).

Couples with higher levels of marital intimacy, through fulfilling social, emotional, and sexual relationships, are more likely to enjoy better physical and emotional health. Conversely, lack of intimacy may contribute to a range of behavioral and emotional difficulties ([Kardan-Souraki et al., 2015](#); [Zakhirehdari et al., 2019](#)). One factor closely associated with marital intimacy is alexithymia. Individuals with alexithymia may struggle with interpersonal communication and often fail to adequately recognize and express their emotions and experiences to others ([Amanat et al., 2024](#); [Sedaghatkhah et al., 2023](#)).

Another psychological construct relevant to marital relationships is psychological flexibility, defined as the individual's ability to adapt to changes and cope with life stressors and challenges ([Doorley et al., 2020](#); [Kashdan & Rottenberg, 2010](#)). In marital life, this skill is crucial, as couples inevitably encounter diverse situations. A psychologically flexible individual can accept life's realities, regulate emotions, and actively engage in problem-solving ([Monajati et al., 2022](#); [Tapp Jr., 2014](#)). Such flexibility enhances empathy and intimacy between spouses, as it strengthens communication and mutual support in facing life challenges ([Totenhagen et al., 2024](#)).

Findings from previous research indicate that alexithymia and psychological flexibility play a role in shaping marital intimacy. One additional factor that may influence this relationship, and is the focus of the present study, is sense of coherence. Sense of coherence refers to an individual's capacity to perceive life stressors as structured, comprehensible, and manageable, and to effectively utilize coping resources to maintain well-being ([Drnovšek et al., 2010](#)). This is a stable yet dynamic orientation that helps individuals interpret life events as understandable and

meaningful. A strong sense of coherence enables individuals to better cope with anxiety-provoking experiences and to navigate life's stages with greater resilience. It facilitates improved emotional regulation and supports personal and psychological well-being ([Geyer, 1997](#); [Imani et al., 2022](#)). Conversely, a weakened sense of coherence increases vulnerability to stressful life events. Studies have shown that sense of coherence reduces anxiety and protects health under stressful conditions ([Villeneuve et al., 2014](#)).

The presence of intimate relationships is particularly important, as such bonds enhance physical and psychological well-being and contribute to effective functioning across personal, family, and occupational domains. The development and maintenance of intimate relationships are reinforced through emotional connections, while satisfying marital relationships yield positive outcomes for health and well-being. In contrast, unsatisfactory relationships threaten both physical and psychological health. Moreover, psychological difficulties among couples can undermine marital intimacy ([Körük & Özabacı, 2023](#); [Moksnes, 2021](#)). Hence, examining psychological characteristics in couples is of great importance.

A notable gap in prior research is the lack of direct examination of the interrelationships among marital intimacy, alexithymia, psychological flexibility, and sense of coherence as a mediating factor. Therefore, considering both the significance of marital intimacy and the increasing prevalence of marital difficulties, further investigation is warranted. Identifying the predictors of marital intimacy may allow for the development of effective interventions aimed at improving intimacy among couples reporting intimacy deficits, as well as enhancing relationship quality in couples without reported difficulties.

Accordingly, the present study seeks to answer the following research question: Does the structural model of marital intimacy, based on alexithymia and psychological flexibility, mediated by sense of coherence, demonstrate a good fit among married individuals?

## Material and Methods

This study was applied in purpose and employed a descriptive-correlational design based on structural equation modeling (SEM). 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 used. From the six educational districts of Eslamshahr, districts 2 and 5 were randomly selected. Subsequently, 8 public lower secondary schools (for both boys and girls) were chosen. Within these schools, two classes were randomly selected from each grade level, resulting in a total of 48 classes.

From these classes, 550 students who lived with both parents were identified, and their mothers and fathers were invited to participate, provided they met the inclusion criteria. Ultimately, 482 parents consented and participated in the study. After accounting for attrition, the final sample consisted of 443 parents, of whom 212 were fathers and 231 were mothers.

Data were collected through standardized self-report questionnaires, which were distributed to participating parents. Structural equation modeling (SEM) was employed to test the research hypotheses. Data analysis was conducted using SPSS-24 and AMOS-24 software.

### Instruments

**Marital Intimacy Questionnaire (MINQ)** – This scale was developed by [Bagarozzi \(1997\)](#), consisting of 41 items across eight dimensions: emotional, psychological, cognitive, sexual, physical, spiritual, aesthetic, and social-recreational intimacy. Previous Iranian studies have reported good reliability (Cronbach's  $\alpha$  ranging from 0.65 to 0.94). In the present study, the Cronbach's  $\alpha$  was 0.89.

**Toronto Alexithymia Scale (TAS-20)** – This scale was developed by [Leising et al. \(2009\)](#), comprising 20 items and three subscales: difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. Responses were scored on a 5-point Likert scale. Previous studies in Iran reported Cronbach's  $\alpha$  values between 0.72 and 0.85. In this study,  $\alpha = 0.76$ .

**Acceptance and Action Questionnaire-II (AAQ-II)** – This scale was developed by [Knudsen and Levin \(2024\)](#), measuring psychological flexibility/inflexibility. The instrument consists of 10 items scored on a 7-point Likert scale. Higher scores indicate greater experiential avoidance and lower flexibility. Reported reliability in Iran ranges from 0.71 to 0.89. In this study, reliability was acceptable.

**Marital Taxon Self -Report Measure** – This scale was developed by [Whisman et al. \(2008\)](#), containing 10 items to assess marital conflicts. Previous studies in Iran reported convergent

validity with marital quality measures ( $r = 0.62$ ) and Cronbach's  $\alpha = 0.94$ . In the present study,  $\alpha = 0.79$ .

**Sense of Coherence Scale (SOC-13)** – This scale was developed by [Antonovsky \(1993\)](#), comprising 13 items across three subscales: comprehensibility, manageability, and meaningfulness. Responses are rated on a 7-point Likert scale. Iranian studies have reported  $\alpha = 0.77$ . In the present study,  $\alpha = 0.73$ .

### Ethical Considerations

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Participants were informed about the research objectives, assured of confidentiality and anonymity, and told that their participation was voluntary with the right to withdraw at any stage without consequences. Written informed consent was obtained from all participants prior to data collection.

### Results

Table 1 presents the demographic characteristics of the study participants. Regarding educational level, the majority of parents held a bachelor's degree (32.05%), followed by those with a high school diploma (42.66%), associate's degree (16.25%), master's degree (6.99%), and doctoral degree (2.03%). In terms of gender, 52.1% of participants were mothers ( $n = 231$ ) and 47.9% were fathers ( $n = 212$ ).

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

Variable	Category	Frequency	Percentage
Parents' Education	Diploma	189	42.66%
	Associate's	72	16.25%
	Bachelor's	142	32.05%
	Master's	31	6.99%
	Doctorate	9	2.03%
Parents' Gender	Mothers	231	52.1%
	Fathers	212	47.9%

Table 2 reports descriptive statistics and Pearson correlations among the study variables. All correlations were statistically significant at the 0.01 level. Results indicated that alexithymia was negatively correlated with marital intimacy, while psychological flexibility and sense of coherence were positively correlated with marital intimacy.

**Table 2.** Descriptive statistics and correlations among study variables

Variable	M	SD	1	2	3	4
1. Alexithymia	51.87	10.04	1			
2. Psychological Flexibility	32.59	8.30	-0.330**	1		
3. Sense of Coherence	49.96	11.05	-0.458**	0.446**	1	
4. Marital Intimacy	156.51	24.61	-0.493**	0.449**	0.569**	1

Before conducting SEM, assumptions were tested. Univariate outliers were examined through boxplots and multivariate outliers using Mahalanobis distance, with identified cases excluded. Skewness and kurtosis values fell within the acceptable  $\pm 1$  range, indicating normality. The Kolmogorov–Smirnov test further supported normal distribution ( $p > .05$ ). Independence of errors was confirmed using the Durbin–Watson statistic ( $DW = 1.90$ ). Multicollinearity was not detected, as no bivariate correlation exceeded .90, tolerance values were above .10, and variance inflation factors (VIF) were below 10. The hypothesized model was tested using SEM. Figure 1 illustrates the standardized path coefficients for the structural relationships, including the mediating role of sense of coherence.

**Table 3.** Model fit indices

Fit Index	Acceptable Threshold	Observed Value	Evaluation
$\chi^2/df$	$\leq 5$	4.536	Good fit
IFI	$> 0.90$	0.955	Good fit
GFI	$> 0.90$	0.960	Good fit
RMSEA	$< 0.08$	0.069	Good fit
SRMR	$< 0.08$	0.071	Good fit
CFI	$> 0.90$	0.955	Good fit
NFI	$> 0.90$	0.943	Good fit

The indices confirmed a good fit between the proposed structural model and the observed data. Table 4 presents the standardized direct, indirect, and total effects. Results showed that alexithymia had a negative direct effect on sense of coherence ( $\beta = -0.436, p < .01$ ) and marital intimacy ( $\beta = -0.281, p < .01$ ). Its indirect effect on marital intimacy via sense of coherence was also negative ( $\beta = -0.175, p < .01$ ). Psychological flexibility had a positive direct effect on sense of coherence ( $\beta = 0.420, p < .01$ ) and marital intimacy ( $\beta = 0.184, p < .01$ ), as well as a positive indirect effect on marital intimacy through sense of coherence ( $\beta = 0.169, p < .05$ ) and sense of coherence itself had a strong positive direct effect on marital intimacy ( $\beta = 0.402, p < .01$ ).

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

From Variable	To Variable	Direct Effect	Indirect Effect	Total Effect	Explained Variance (R <sup>2</sup> )
Alexithymia	Sense of Coherence	-0.436**	–	-0.436**	0.366
Psychological Flexibility	Sense of Coherence	0.420**	–	0.420**	
Alexithymia	Marital Intimacy	-0.281**	-0.175**	-0.456**	0.435
Psychological Flexibility	Marital Intimacy	0.184**	0.169*	0.353**	
Sense of Coherence	Marital Intimacy	0.402**	–	0.402**	

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

In summary, the findings support the hypothesized mediating role of sense of coherence in the relationships between alexithymia, psychological flexibility, and marital intimacy. Specifically, higher alexithymia predicts lower intimacy both directly and indirectly, while greater psychological flexibility predicts higher intimacy both directly and indirectly through sense of coherence.

## Discussion

Marital intimacy is recognized as a key element of marital satisfaction, encompassing both emotional and physical aspects of the marital relationship. It affects couples' sense of security, belonging, and closeness. The findings of the present study indicate that a high level of intimacy increases the quality of marital life. On the other hand, alexithymia refers to the inability to identify and express personal emotions. In this study, it was shown that alexithymia can hinder effective communication in marital relationships. Individuals who suffer from this trait may face difficulties in communicating with their spouses because they are unable to adequately express their emotions and needs, which may lead to tensions and misunderstandings in the relationship.

The results of this research are consistent with the findings of [Imani et al. \(2022\)](#), [Sedaghatkhah et al. \(2023\)](#), [Nikrouy et al. \(2025\)](#), [Esmaili et al. \(2022\)](#) and [Barak et al. \(2024\)](#) who reported that psychological and emotional problems in individuals can affect the quality of marital relationships and increase relational tension.

In addition, psychological flexibility refers to the individual's ability to adapt to changes and challenges in life. This trait helps people deal more effectively with marital problems and stress. The findings of the present study are consistent with those of [Zakhirehdari et al. \(2019\)](#), [Totenhagen et al. \(2024\)](#), [Moksnes \(2021\)](#) and [Geyer \(1997\)](#) who stated that a decrease in psychological flexibility in marital life is associated with lower marital satisfaction and intimacy.

Furthermore, the results indicate that psychological coherence acts as a mediator between alexithymia and marital intimacy. Couples with higher psychological coherence are better able to regulate their emotions and resolve conflicts without unnecessary tension when challenges arise. Therefore, it can be expected that marital intimacy can be predicted based on alexithymia and psychological flexibility both directly and indirectly through the mediating role of psychological coherence. The proposed model of marital intimacy based on alexithymia and psychological flexibility, mediated by psychological coherence, demonstrated a good fit.

Finally, given that the participants in this study were parents (men and women aged 34–55) residing in Eslamshahr, who had children enrolled in lower secondary school in 2023, this limitation should be taken into account. It is suggested that future research replicate this study with clinical samples referred to counseling centers, distinguishing between length of therapy and treatment process, in order to obtain more generalizable results and reduce the potential impact of sampling bias.

**Practical Implications:** The findings highlight the importance of designing intervention programs aimed at improving couples' emotional awareness and expression, enhancing psychological flexibility, and strengthening psychological coherence. Such programs can help reduce marital conflicts, increase intimacy, and promote overall marital satisfaction. Counselors and family therapists can utilize these results to develop preventive and therapeutic strategies tailored to couples struggling with alexithymia and low psychological flexibility.



**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 the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

**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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