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One of the elements of modern time is reliance on scientific thinking. With respect to thought provoking philosophical nature of the present time, Modern psychology has proposed theories in the field of psychological processes based on empirical studies. Hence Journal of Modern Psychology has been launched to provide a space for scholars to publish thoughts and scientific studies in personality, abnormal and social psychology.



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Research Paper: The effectiveness of Compassion-Focused Therapy on interpersonal sensitivity and competence perception in students with social anxiety



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Abstract

Objective: This study examined the effectiveness of a group counseling program based on Compassion-Focused Therapy (CFT) in reducing interpersonal sensitivity and enhancing perceived self-efficacy among male high school students with social anxiety.

Methods: A quasi-experimental pretest-posttest control group design was used. Thirty male students from District 1 of Mashhad, Iran, who met criteria for social anxiety, were selected through purposive sampling and randomly assigned to an experimental group (n = 15) or a control group (n = 15). Participants completed the Interpersonal Sensitivity Measure (IPSM), Perceived Competence Scale for Children (PCSC), and Social Anxiety Scale for Children-Revised (SASC-R) before and after the intervention. The experimental group received an eight-week CFT-based counseling program, held once weekly for 90 minutes and facilitated by a licensed psychologist trained in CFT, while the control group received no intervention. Data were analyzed using ANCOVA.

Results: The CFT-based program significantly reduced interpersonal sensitivity ($F(1, 27) = 18.215, p < .001, \eta^2 = 0.403$) and improved cognitive competence ($F(1, 27) = 6.67, p = .015, \eta^2 = 0.198$). No significant effects were observed for social or physical competence.

Conclusion: These findings provide evidence that CFT reduces interpersonal sensitivity and enhances cognitive competence among adolescents with social anxiety. Although effects did not extend to social or physical competence, the results highlight the potential of CFT as a feasible school-based intervention. Future studies should examine whether integrating behavioral components can extend benefits to externally validated competence domains. This research supports CFT as a culturally adaptable, school-friendly intervention for non-Western contexts.

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Introduction

Adolescence is a period of life characterized by vast biological, emotional, and social transformations. Being a vulnerable time, adolescents begin forming their identities, social networks, and coping with increasing academic and social pressures. Despite its being well-known to be an age of growth and promise, adolescence can be fraught with psychological vulnerabilities, such as the onset of anxiety disorders. Among these, social anxiety is the most prevalent disorder among adolescents and can be defined as an unusually strong and long-lasting fear of being criticized or embarrassed in social situations (Gharraee et al., 2018; Mackintosh et al., 2018). Recent international reports indicate that 13%–15% of adolescents experience social anxiety, and recent 2023–2024 epidemiological data confirm its growing prevalence and important impact on daily functioning (Kieling et al., 2024; World Health Organization [WHO], 2023).

Social anxiety has a strong association with severe impairment in school functioning, peer relationships, and emotional adjustment. Teenagers with this condition will usually be experiencing low self-esteem, social withdrawal, and criticism hypersensitivity. Social anxiety, without treatment, can carry on into adulthood and evolve into more severe disorders such as depression, substance disorders, or prolonged interpersonal impairment. Therefore, early detection and intervention are crucially important, particularly in school settings where teens live through daily social battles and spend the overwhelming majority of their

time (Nafisi et al., 2020; Sessions et al., 2023).

Theoretically, cognitive-behavioral theories attribute the persistence of social anxiety to be a consequence of negative thought patterns, negative self-judgments, and helplessness regarding affective reactions. In this context, two constructs have been referred to in the literature: interpersonal sensitivity and perceived competence. Interpersonal sensitivity refers to the propensity to perceive social cues as hostile and respond with heightened wariness or distress to interpersonal criticism and thereby amplify social anxiety (Lee & Choi, 2024; Zhao et al., 2023). Perceived competence, however, reflects adolescents' belief in their capacity to cope well in intellectual, physical, and social contexts. High perceived competence acts as a protective factor in that it increases adaptive coping and reduces avoidance, whereas low perceived competence increases vulnerability to social anxiety and ill responses (Rose & Kocovski, 2021; Mackintosh et al., 2018). Together, these constructs are dependent variables for this study and represent pivotal mechanisms through which teenagers experience, interpret, and cope with social anxiety.

Although existing treatments such as Cognitive Behavioral Therapy (CBT) have been found to reduce social anxiety symptomatology, recent findings suggest that compassion-based treatment is also beneficial. Such interventions target the very specific underlying processes such as shame, fear of rejection, and self-criticism—

processes significantly engaged in the etiology and maintenance of social anxiety. Self-compassion, which involves the practice of responding to one's challenges with kindness, understanding of common human experience, and mindfulness in the present moment, has been linked to lower psychological suffering and more resilience (Neff, 2003; Frostadottir & Dorjee, 2019).

Compassion-Focused Therapy (CFT), founded by Paul Gilbert (2009), is an evidence-based treatment consisting of a controlled clinical intervention to enhance compassionate internal speech that is specifically geared to the needs of individuals with high levels of shame and self-criticism. CFT has its basis in evolutionary psychology and affective neuroscience and involves methods such as soothing rhythm breathing, guided imagery, and compassionate self-statements. Even though strong evidence supports the efficacy of CFT in working with adult clinical samples, its application among adolescent or school settings is unexplained (Cuppige et al., 2018; Dafters et al., 2022).

Emerging research has begun exploring the role of compassion-focused interventions in educational and clinical environments. For instance, Otsuka et al. (2017) concluded that self-compassion and anxiety in Japanese adolescents were enhanced and reduced, respectively, by a school-based compassion training program. Similarly, in Iran, Gharraee et al. (2018) established that CFT reduced symptoms of social anxiety and enhanced emotional regulation in patients with social anxiety disorder. Even with these hopeful findings, though, the majority of studies continue to be focused on adults or clinical

samples, and relatively few are thinking about developmental and cultural specificity of adolescent boys from non-Western cultures.

Iranian teenage boys, on their part, may experience some socio-cultural school achievement expectations, emotion-constricting norms, and mental illness stigmatization. These issues are likely to enhance vulnerabilities and discourage seeking assistance. School-based and culturally suitable psychological interventions are, as such, urgently required because schools are accessible and non-stigmatizing venues where preventive and treatment programs can be rendered (Shavandi & Veshki, 2021; Sessions et al., 2023).

Moreover, although self-compassion has been cross-culturally associated with global emotional well-being, its role in improving perceived competence—that is, with regard to cognitive, physical, and social functioning—is less clear. Perceived competence is strongly related to motivation, engagement, and adaptation, and thus improving this construct may indirectly improve the efficacy of interventions to reduce social anxiety.

Together, these theoretical and empirical limitations underscore the need for formal, empathy-focused group treatments that target both interpersonal sensitivity and perceived competence among socially anxious youth. Translated into the school setting, such interventions might not only improve psychological adjustment, but also

participation in academic tasks and peer interactions.

Yet, to what extent can a compassion-focused advisory program reduce interpersonal sensitivity and increase perceived competence among adolescent boys reared within a multiculturally heterogeneous and high-stress school environment such as Iran's?

2. Methods

This study utilized a quasi-experimental pretest-posttest control group design to assess the effectiveness of a group counseling intervention based on Compassion-Focused Therapy (CFT) in a real-world school setting.

2.1. Participants and Sampling

The population in this research was all male students in high school aged between 14 and 17 who were in District 1 of Mashhad, Iran, in the 2023–2024 academic year. Out of this population, 30 students presenting with high scores on the Social Anxiety Scale for Children–Revised (SASC-R) and who fulfilled the inclusion criteria were chosen using purposive sampling. They were then randomly allocated to either the experimental group ($n = 15$) or the control group ($n = 15$). Purposive sampling was employed to include only students with clinically significant levels of social anxiety, for the effect of the intervention to be made most legitimate.

Inclusion criteria: A score of 50 or higher on the Social Anxiety Scale for Children–Revised (SASC-R), indicating clinically elevated social anxiety; Age between 14 and 17 years, Voluntary participation with written informed parental consent, No

current psychiatric diagnosis or psychological treatment.

Exclusion criteria: Attendance of less than two sessions, Voluntary withdrawal at any stage of the study

2.2. Instruments

Social Anxiety Scale for Children–Revised (SASC-R)

This scale was developed by [La Greca and Stone \(1993\)](#) as a self-report measure of social anxiety for children and adolescents. It consists of 22 items, including 18 scored content items and 4 fillers, organized into subscales such as Fear of Negative Evaluation and Social Avoidance & Distress (in both new and general situations). Responses are rated on a 5-point Likert scale (1 = “never” to 5 = “always”), producing total scores between 18 and 90, with higher scores reflecting greater social anxiety. A cut-off score of 50 or above was applied to identify clinically significant social anxiety for participant inclusion. The scale demonstrates strong construct validity and temporal reliability in adolescent samples; in the present study, internal consistency was satisfactory ($\alpha = .82$). It was included to screen and assess changes in anxiety symptoms resulting from the intervention.

Interpersonal Sensitivity Measure (IPSM)

This questionnaire was developed by [Boyce and Parker \(1989\)](#) to assess hypersensitivity to interpersonal cues. The IPSM is a 36-item self-report scale comprising five subscales: interpersonal awareness, need for approval, separation anxiety, timidity, and fragile inner self. Items are rated on a 4-point Likert scale (1 = “very unlike me” to 4 = “very like me”),

yielding total scores between 36 and 144, with higher scores reflecting greater interpersonal sensitivity. Previous studies have confirmed its construct validity and stability across adolescent samples; in the present study, internal consistency was high ($\alpha = .85$). The IPSM was employed to detect changes in social-cue reactivity, which represented a key treatment target dimension.

Perceived Competence Scale for Children (PCSC)

This scale was developed by Harter (1982) to assess perceived competence in children. The PCSC includes 28 items across four domains: cognitive competence, social competence, physical competence, and general self-worth. Responses are standardized and converted into a 4-point Likert scale, with subscale scores calculated as the mean of their items. Total scores typically range from about 28 to 112, with higher scores indicating greater perceived competence. Previous studies have demonstrated strong construct and

Table 1

Summary of the 8-week Compassion-Focused Therapy (CFT) Program

Session	Content
1	Introduction to group rules, psychoeducation on social anxiety, and overview of compassion-focused therapy.
2	Understanding self-criticism and shame; introduction to mindfulness practices.
3	Training in soothing rhythm breathing and relaxation techniques.
4	Developing compassionate imagery and creating a "compassionate self" persona.
5	Practicing compassionate self-talk and countering negative self-judgments.
6	Applying compassion techniques to social anxiety situations and role-playing exercises.
7	Enhancing emotional regulation strategies and resilience through compassion practices.
8	Review of skills learned, relapse prevention, and closure of the program.

The control group continued their routine school activities and did not receive any

convergent validity in school-aged samples. In the present study, the cognitive, social, and physical subscales were emphasized according to research aims, and internal consistency was very good ($\alpha = .87$). The PCSC provided a reliable estimate of self-reported competence, aligning with functional outcomes relevant to social functioning in adolescence.

2.3. Intervention and Control Conditions

The experimental group received an 8-week group counseling program based on CFT, conducted once a week for 90 minutes in a calm room in the school, and guided by a licensed psychologist trained in CFT skills.

The intervention included mindfulness practice, compassionate imagery, self-kindness practice, and emotion regulation techniques. The session plan was adapted from Gilbert's (2009) CFT manual. The detailed content of each session is provided in Table 1.

psychological intervention during the study period.

2.3. Procedure

This study adhered to the ethical standards outlined in the Declaration of Helsinki for studies involving human participants. Prior to data collection, formal clearance was obtained from the school authorities and the regional Department of Education. The participants provided written informed parental and student consent, apprising them that their involvement was entirely voluntary and could be discontinued at any time without consequence. Confidentiality and anonymity of data were maintained throughout at all times during the research. The identifying details were removed before statistical analysis and the dataset was used only for scientific purposes. Descriptive statistics (mean and standard deviation) were calculated to summarize demographic and baseline data. ANCOVA was used to compare posttest scores between groups, controlling for pretest scores. All assumptions for ANCOVA (normality, homogeneity of

variance, linearity, and independence of covariates) were checked using Kolmogorov–Smirnov tests, Levene’s test, and residual plots. Effect sizes were reported using partial eta squared (η^2). Statistical analyses were conducted in SPSS version 23, with a significance level set at $p < .05$.

3. Results

The final sample consisted of 30 adolescent male high school students aged between 14 and 17 years ($M \approx 15.5$). All participants met the inclusion criterion of obtaining a score of 50 or higher on the Social Anxiety Scale for Children–Revised (SASC-R), indicating

clinically significant social anxiety. None of the students had a current psychiatric diagnosis or were receiving regular psychological treatment. Participants were randomly assigned to either the experimental group ($n = 15$) or the control group ($n = 15$). No attrition occurred during the intervention, and all participants completed the study.

Prior to main analyses, the assumptions of ANCOVA were examined. The Kolmogorov–Smirnov test confirmed that all dependent variables were normally distributed ($p > .05$). Levene’s test indicated that the homogeneity of variances assumption was met for interpersonal sensitivity ($F(1,28) = 0.74, p = .398$), cognitive competence ($F(1,28) = 0.63, p = .435$), social competence ($F(1,28) = 1.12, p = .299$), and physical competence ($F(1,28) = 0.89, p = .353$). Linearity was verified using scatterplots, and the homogeneity of regression slopes was confirmed via nonsignificant interaction effects ($p > .05$). Independent samples t-tests revealed no significant differences between the experimental and control groups at baseline (all $p > .05$), confirming equivalence prior to the intervention.

Table 2 presents the descriptive statistics (means and standard deviations) for all dependent variables across pretest and posttest assessments. As shown, participants in the experimental group demonstrated a reduction in interpersonal sensitivity and an increase in cognitive competence, while changes in social and physical competence were minimal. The control group showed no meaningful changes in any variable.

Table 2

Descriptive Statistics of interpersonal sensitivity and competence perception

variable	Descriptive Index	Experimental group		Control Group	
		Pretest	Posttest	pretest	posttest
Interpersonal Sensitivity	Mean	82.60	73.87	82.13	81.87
	SD	7.82	6.90	6.96	6.79
Cognitive Competence	Mean	14.40	17.00	14.00	14.07
	SD	2.03	2.07	1.89	1.63
Social Competence	Mean	15.33	15.87	15.47	15.20
	SD	1.29	1.64	1.06	1.18
Physical Competence	Mean	16.07	16.47	15.73	15.60
	SD	1.09	1.24	1.16	1.12

To examine group differences while controlling for pretest scores, ANCOVA analyses were conducted for each dependent

Table 3

ANCOVA Results for Dependent Variables (Posttest, Controlling for Pretest Scores)

Variable	F(1,27)	p-value	Partial η^2
Interpersonal Sensitivity	18.21	< .001	0.403
Cognitive Competence	6.67	.015	0.198
Social Competence	1.19	.284	0.042
Physical Competence	0.68	.417	0.024

The analyses indicated that, after controlling for pretest scores, the intervention produced a statistically significant reduction in interpersonal sensitivity ($F(1,27) = 18.21$, $p < .001$, $\eta^2 = 0.403$) and a significant improvement in cognitive competence ($F(1,27) = 6.67$, $p = .015$, $\eta^2 = 0.198$) in the experimental group compared to the control group. Both effects were moderate to large in magnitude. In contrast, no significant group differences were found for social competence ($F(1,27) = 1.19$, $p = .284$, $\eta^2 = 0.042$) or physical competence ($F(1,27) = 0.68$, $p = .417$, $\eta^2 = 0.024$). These findings suggest that

variable. The results are summarized in [Table 3](#).

the intervention was effective in reducing interpersonal sensitivity and enhancing cognitive competence, but did not significantly influence social or physical competence.

4. Discussion

The present study investigated the effectiveness of a school-based group counseling program grounded in Compassion-Focused Therapy (CFT) for adolescent boys with symptoms of social anxiety. The ANCOVA results indicated that the intervention produced a significant reduction in interpersonal sensitivity and a

significant improvement in perceived cognitive competence, while no statistically significant effects were observed on perceived social and physical competence. These findings highlight the differential impact of CFT on intrapersonal versus externally referenced domains of competence.

The observed reduction in interpersonal sensitivity is theoretically consistent with the affect-regulation model of compassion (Gilbert & Procter, 2006). By strengthening soothing and affiliative systems, CFT counteracts the overactivation of the threat system and disrupts self-critical schemas, thereby reducing hypervigilance toward perceived social threat. This explanation is supported by empirical evidence showing that compassion-based interventions reduce self-criticism and threat-related reactivity (Cuppige et al., 2018; Vidal & Soldevilla, 2022). The large effect size obtained in this study (partial $\eta^2 = 0.403$) further suggests that the change is not only statistically but also clinically significant, representing meaningful improvement in adolescents' appraisals of and responses to peer-related social cues.

The improvement in perceived cognitive competence can be explained through emotion-regulation mechanisms that alleviate shame and self-criticism, thereby freeing cognitive resources for more adaptive self-appraisal. This interpretation is consistent with Neff's (2003) theoretical work linking self-compassion with positive self-evaluation, as well as with findings from Matos et al. (2018), who demonstrated that compassion-based training improved self-

judgments in learning contexts. More recent studies have similarly found that compassion-focused interventions enhance academic persistence and lower performance anxiety in adolescents (Bluth et al., 2016; Halamová et al., 2023). In the current study, the CFT techniques employed—such as soothing rhythm breathing, compassionate imagery, and reframing self-talk—likely reduced self-demeaning thoughts, thereby facilitating more balanced evaluations of cognitive abilities. The moderate effect size (partial $\eta^2 = 0.198$) observed here underscores the practical relevance of such short-term interventions in educational contexts.

In contrast, the absence of significant effects on social and physical competence is noteworthy. These domains are inherently tied to external validation, peer comparisons, and observable performance (e.g., sports, peer approval). As such, they may not be readily influenced by intrapsychic processes emphasized in CFT over a short intervention period. Prior studies support this interpretation. Mousavi et al. (2023) and Lee and Choi (2024) observed that short-term compassion interventions enhanced internal self-appraisals but did not reliably transfer to externally referenced domains without supplementary behavioral components. Similarly, Hidding et al. (2023) and Varley et al. (2024) reported that digital or brief CFT interventions primarily improved self-compassion and reduced self-criticism but had minimal impact on social or performance-based competence indicators unless combined with behavioral exposure or skill-based practice. Nonetheless, a few

studies have reported more generalized effects. For example, [Silveira et al. \(2023\)](#) found that compassion training combined with peer interaction modules improved social competence, while [Halamová et al. \(2023\)](#) observed modest gains in physical self-perception in adolescents engaged in extended interventions. These discrepancies suggest that intervention format, duration, and contextual components are crucial determinants of whether compassion-focused interventions extend beyond internal self-judgments.

Taken together, the findings of the present study are largely consistent with existing literature supporting the efficacy of CFT for reducing internalizing symptoms, such as shame, self-criticism, and threat sensitivity ([Vidal & Soldevilla, 2022](#); [Millard & Wittkowski, 2023](#)). At the same time, the lack of impact on social and physical competence echoes prior reports of limited or domain-specific effects following short-term interventions ([Halamová et al., 2023](#); [Silveira et al., 2023](#)). Thus, the current results align with a growing consensus that intrapersonal affective changes can be achieved relatively quickly, while external competence perceptions require extended exposure, behavioral engagement, or contextual reinforcement. Culturally, these results are especially relevant in collectivist and achievement-oriented societies such as Iran, where shame and fear of negative judgment are salient features of adolescent development. Previous Iranian studies (e.g., [Gharraee et al., 2018](#)) similarly emphasize the role of compassion-based interventions in reducing social anxiety symptoms by

addressing self-critical and shame-related processes.

Despite these promising results, several limitations must be acknowledged. First, the relatively small sample size ($N = 30$) and focus exclusively on male adolescents limit the generalizability of the findings. Future studies should replicate the intervention with larger, gender-mixed, and socioeconomically diverse samples to strengthen external validity. Second, reliance on self-report measures introduces potential biases, including social desirability and response style. Incorporating teacher ratings, peer reports, or behavioral performance tasks in future research would provide a more comprehensive assessment of intervention effects. Third, the intervention was conducted over a relatively short period and lacked follow-up assessments, restricting conclusions about long-term maintenance. To address this, future trials should include longitudinal follow-ups (e.g., 1-, 3-, and 6-month assessments). Fourth, treatment fidelity was not systematically monitored in this study; subsequent research should incorporate fidelity checklists or independent ratings to ensure consistent implementation. Finally, the absence of explicit behavioral or peer-based components may explain the null findings for social and physical competence. Future interventions may benefit from integrating behavioral exposure tasks, peer interaction exercises, or mastery-based activities alongside compassion training to facilitate transfer to externally validated competence domains.

In summary, the present findings indicate that school-based CFT interventions can

meaningfully reduce interpersonal sensitivity and enhance perceived cognitive competence in adolescents with social anxiety symptoms. At the same time, they highlight the need for further research into strategies that extend these benefits to externally referenced domains such as social and physical competence. By situating these results within both theoretical models and cross-cultural considerations, this study contributes to the growing body of evidence supporting the value of compassion-focused approaches in adolescent mental health.

5. Conclusions

This study demonstrated that a school-based group guidance program grounded in Compassion-Focused Therapy (CFT) was found to be effective on interpersonal sensitivity and perceived cognitive competence among adolescent boys with social anxiety symptoms, but not on perceived social and physical competence. These results provide evidence for the idea that CFT has a greater effect on intrapersonal affective processes and self-judgments of cognition than on external reference competence areas during the short-term time frame studied.

By targeting maladaptive self-critical schemas and promoting a more compassionate relationship with the self, CFT has the potential to help adolescents reduce shame and threat sensitivity, thereby enabling more adaptive cognitive self-appraisals. With adequate training and supervision, formal group CFT procedures could realistically be integrated into school counseling services as a possibly cost-effective way to treat internalizing

symptoms, particularly in collectivist cultural environments where shame and fear of negative evaluation are prominent.

These results should be interpreted in light of the study's limitations, including the small and single-gender sample and absence of follow-up. Future studies with larger, gender-diverse samples, longer follow-up periods, and integration of behavioral or peer-mediated components are recommended to evaluate the generalizability and durability of the observed effects.

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Conflict of interest

The author declared no potential conflicts of interest with respect to the research, authorship, or publication of this article

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Research Paper: Predicting the Occurrence of Marital Conflicts based on Forgiveness, Humor, and Emotional Intimacy



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Abstract

Objective: Marital conflicts negatively affect couples' emotional, communicative, and social functioning, ultimately leading to the deterioration of their relationships. This study aimed to predict the occurrence of marital conflicts based on forgiveness, humor, and intimacy.

Methods: The method of this research was descriptive-correlational. The population included all women with marital conflict in Rasht, 150 of whom were selected by a convenience sampling method. Data were collected using the Marital Conflict Questionnaire (MCQ), Personality Assessment Questionnaire (PAI), Humor Styles Questionnaire (SHQ), and Marital Forgiveness Questionnaire (MFS). Data analysis was performed using the Pearson correlation coefficient and stepwise regression analysis with SPSS-22 software.

Results: The findings showed that there is a negative and significant relationship between marital conflicts and forgiveness, humor, and emotional intimacy. Moreover, the results of regression analysis showed that the predictor variables explained 22.6% in the first step, 30.4% in the second step, and 35.5% in the third step of the severity of marital conflicts ($P < 0.05$).

Conclusion: According to the findings, it can be concluded that by increasing forgiveness, humor, and emotional intimacy between couples, the severity of marital conflicts can be reduced.

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1. Introduction

Marriage is the first and most important stage in the family life cycle, and success in other stages of life depends on success in this stage. Therefore, if couples have a healthy relationship and are free from marital conflicts, we can hope to create a healthy family and, consequently, a healthy society (Ventura-Leon et al., 2025). Typically, the first days of marriage are accompanied by a sense of commitment between the couple, but some couples gradually experience communication problems and marital conflicts (Dong et al., 2022). Therefore, the occurrence of conflicts in marital relationships is common and inevitable and can be considered one of the natural problems in every life together (Neumann, 2018).

Marital conflicts appear as a type of contradictory behavior between two married people, at least one of whom causes conflict. Typically, their emotional, communicative, and social functions are negatively affected, ultimately leading to the deterioration of their relationships (Zare-Mirakabad et al., 2024). Marital conflicts, in most cases, are the result of multiple factors such as personality differences, misunderstanding of needs and expectations, financial problems, and even external influences from culture and society (Lu et al., 2024). These conflicts can cause the formation of negative emotions such as distrust, anger, frustration, and emotional isolation, which, over time, lead to emotional coldness and distance between couples (Tawashi et al., 2023). Findings from various studies (Abbas et al., 2019; Makhanova et al., 2018) show that couples who experience more marital conflicts are not in a favorable

state in terms of mental and physical health, and an increase in these conflicts is usually associated with higher levels of incompatibility in relationships and increases the likelihood of divorce (Cheung et al., 2022).

Creating and maintaining intimate relationships and satisfying emotional and psychological needs during marriage is a skill and art that, in addition to mental health and healthy early experiences, requires having logical attitudes and acquiring specific skills and tasks (Parsakia et al., 2023). Jurkane-Hobein (2015) believes that one of the major problems of couples in maintaining close relationships is their level of intimacy, and intimacy is an essential component of marital relationships that has been diminished today due to obstacles or social norms in married life. It is believed that following the emergence of problems in couples' lives, intimacy is an important factor for dialogue and communication and a kind of deterrent from further problems in couples (Blatterer, 2015). Intimacy includes spending time with the other person, listening to each other, having an honest relationship full of mutual trust, and, in other words, showing oneself to the other verbally and non-verbally (Choi et al., 2020). Emotional intimacy is closeness, similarity, and a romantic or emotional personal relationship with another person that involves a deep understanding of the other person's thoughts and feelings and serves as a source of similarity and closeness (Yoo et al., 2014; Rahimi and Mousavi, 2020). Lack of intimacy in marriage causes psychosocial maladjustment, depression, and emotional disorders (Waring & Patton, 1984; İyiyaydın

& Sümer, 2023). In other words, high marital intimacy is a positive factor that can increase emotional stability in both parties and act as a protector in their relationship (Lee et al., 2021). Research shows that unresolved conflicts, especially in the long term, reduce couples' emotional intimacy (Pratham et al., 2024). Ziroglu et al. (2023) also showed in a study that couples who face high marital conflicts in their relationships are at serious risk of marital breakdown due to deep disorders in emotional and communication interactions. In addition, Ebrahimi and Banifatmeh (2014) found that the coldness of relationships and the decrease in intimacy between couples are mostly due to unfulfilled expectations between couples. Therefore, the more efficient couples act, the better and more coherent their relationship will be, which will reduce marital conflicts (Bakhshi et al., 2012).

Another variable associated with marital conflicts is humor, which, as a positive trait, can play a role in reducing marital conflicts. Humor is an important factor in individual attractiveness in relationships between couples and increases the desire to have romantic and desirable relationships in couples (Hall, 2013). Humor can be a tool for communicating with others and reveals the deep feelings, beliefs, and desires of individuals. The role of humor in dealing with everyday stress, creating appropriate social relationships, facilitating the resolution of life problems, and also managing emotions and motivation is important (Wilbur & Campbell, 2011; Ziegler-Hill & Besser, 2013). Humor refers to the habitual differences of individuals in all behaviors,

experiences, emotions, attitudes, and abilities related to entertainment, laughing, joking, and the like (Martin, 2001). In recent decades, a sense of humor has been proposed not only as a highly socially desirable personality trait but also as an important component of mental health (Leon-Perez et al., 2021; Timofeiov-Tudose & Mairean, 2023). In addition to enhancing positive emotions and counteracting negative moods, humor seems to be a valuable mechanism for coping with stressful life events and an important social skill for establishing, maintaining, and enhancing appropriate interpersonal relationships (Martin, 2010). Mirseifi Fard et al. (2017) found that people who are more humorous are more likely to express their problems and try to reduce their sadness by supporting others in the face of everyday problems, which makes them enjoy interacting with others more and feel more effective. Humor enhances a spouse's attractiveness and helps improve marital quality, but it can also cause problems or disconnection (McGee & Shevlin, 2009; Wilbur & Campbell, 2011; Barelds & Barelds-Dijkstra, 2010). Research has shown that accommodating humor styles in which respect for the other party is maintained are negatively related to marital conflict and positively related to marital satisfaction (Yip & Martin, 2006; Butzer & Kuiper, 2008; Cann et al., 2009; Saroglou et al., 2010).

Another way to reduce marital conflicts is to practice forgiveness by couples, which requires freedom from renewed and recurring anger and hostility, a lack of desire for revenge, and a decision to show compassion, empathy, or regret for the offender (Akhtar et

al., 2017). Forgiveness is a conscious and voluntary motivation that increases positive emotions and replaces negative emotions (Saffarian Tosi et al., 2018). Forgiveness in relationships between couples allows the relationship to continue despite mistakes, betrayals, or failures, and brings couples closer together again. The result of such cohesion is increased satisfaction with marital life and a rational effort to resolve communication conflicts (Ahmadi Ardakani and Fatemi Oghada, 2019; Celik et al., 2022). Agu and Nwankwo (2019) believe that forgiveness in a marital relationship leads to the durability of marriage, improved communication performance, treatment of couples' psychological problems, and improvement of their physical health. In addition, based on the results of various studies, forgiveness can be related to marital relationship satisfaction (Fupšová & Záhorcová, 2022; Mendes-Teixeira & Duarte, 2021; Roberts et al., 2021).

Given the increasing concerns about family mental health and the important role of marital conflicts in the quality of life of couples, identifying the factors affecting the occurrence of these conflicts is of particular importance. Forgiveness, humor, and emotional intimacy are among the personality and behavioral characteristics that can play a protective role against the occurrence of marital tensions and conflicts. The present study, with the aim of investigating the prediction of the occurrence of marital conflicts in women based on these three variables, can help to more accurately understand the psychological mechanisms effective in the stability of couples'

relationships and provide a scientific basis for providing psychological interventions and training. The necessity of this study is important because the results can pave the way for designing prevention programs and improving interpersonal skills in couples, and by providing reliable data, strengthen clinical and counseling decisions. In addition, addressing the role of humor and emotional intimacy, which have received less attention in domestic studies, will help enrich the country's research literature.

2. Methods

2.1. Population, Sample, and Sampling

The method of this study was descriptive correlational. The population included all married women in Rasht in 1404, from which 150 people were selected as a sample using convenience sampling. Finally, descriptive statistics (mean, frequency, percentage, and standard deviation) and inferential statistics, including the Pearson correlation coefficient and multiple regression, were used to analyze the data obtained in this study. All data analysis was performed using SPSS version 22 software.

2.2. Instruments

Marital Conflict Questionnaire (MCQ):

A self-report instrument consisting of 42 questions developed by Barati and Sanai (1996) based on clinical experiences in Iran to measure the nature and extent of marital conflicts. This questionnaire consists of 7 subscales, including: decreased sexual intercourse; increased child support; increased personal relationship with one's relatives; decreased personal relationship with spouse's relatives and friends; separation of financial matters from each

other; and increased emotional reactions. The maximum total score of the questionnaire is 210, and the minimum is 42. The options are scored on a 5-point Likert-type response scale (always, most of the time, sometimes, rarely, never). Barati and Sanai (1996) found Cronbach's alpha coefficient for the total score of the scale to be 0.53 and for the subscales between 0.30 and 0.64. In the study by Lavaf et al. (2015), the reliability of the Marital Conflict Questionnaire was assessed using Cronbach's alpha, yielding a coefficient of 0.72.

Personal Assessment of Intimacy Questionnaire (PAI):

The Personal Assessment of Intimacy Questionnaire of Shaffer and Elson (1981) is a 36-item instrument that measures intimacy in six dimensions: emotional, social, sexual, rational, recreational, and conventional on a 5-point Likert scale from 1 (never) to 5 (always). In the present study, the emotional intimacy subscale of this questionnaire was used. A higher score in this questionnaire indicates greater intimacy, and a lower score indicates less intimacy. Shaffer and Elson (1981) estimated the validity of the subscales of the Personal Assessment of Intimacy Questionnaire using the Cronbach's alpha coefficient method between 0.7 and 0.77, which was 0.75 for the emotional intimacy subscale. Khojasteh Mehr et al. (2016) also obtained the validity of the emotional intimacy scale using the Cronbach's alpha method of 0.63. Similarly, Shafer and Elson (1981) calculated the correlation coefficient of the Personal Assessment of Intimacy Questionnaire with the Self-Disclosure, Marital Adjustment, and Moos Family

Context Questionnaires, and the obtained correlation coefficients indicated the desirable convergent validity of the questionnaire. Khojasteh Mehr et al. (2016) also calculated the correlation coefficient with the Walker and Thompson Intimacy Scale in order to measure the validity of the questionnaire, and all coefficients were significant and indicated the desirable psychometric validity index of the questionnaire.

Humor Styles Questionnaire (HSQ):

The Humor Styles Questionnaire was used to measure humor. This questionnaire, developed by Khosouei et al. (2009), consists of 25 questions that were factor analyzed on a seven-point scale using the principal components method and Varimax rotation, yielding a five-factor structure (enjoyment of humor, laughter, verbal humor, humor in social relationships, and humor in stressful situations). In this questionnaire, each subject receives a separate score for each component or dimension and a final score for the entire questionnaire. A high score indicates greater humor. The total score for each subject in the entire questionnaire ranges from 25 to 125, and for each dimension from 5 to 25. Reliability, using Cronbach's alpha, was reported as 0.81, 0.80, 0.77, and 0.80 for self-promotional, bonding, aggressive, and self-defeating styles, respectively. Reliability using the test-retest method was also reported as 0.81, 0.85, 0.80, and 0.82 for self-promotional, bonding, aggressive, and self-defeating styles, respectively. Validity was also assessed by correlating the situational humor questionnaire with the self-promotional, bonding, aggressive, and self-

defeating styles, respectively, yielding 0.43, 0.27, 0.12, and 0.01, which showed a significant relationship at the $p < 0.01$ level in positive dimensions of humor, but no significant relationship was obtained in negative dimensions of humor. Also, the humorous coping style was found to be 0.53, 0.27, -0.28, and -0.26, respectively, with the self-enhancing, aggressive, and self-defeating styles, all of which are significant at the $p < 0.01$ level.

Marital Forgiveness Scale (MFS):

This scale was developed by [Rye et al. \(2001\)](#) and consists of 15 questions. Factor analysis of the scale revealed two factors: one factor includes items that indicate the absence of negative thoughts, feelings, and behavior toward the offender (negative absence, questions 1-10). The other factor includes items that indicate the presence of positive thoughts, feelings, and behavior toward the offender (positive presence, questions 11-15). Therefore, the present scale measures both negative and positive responses. The scale was originally developed to measure women's reactions to the wrongs they had seen in their romantic relationships; however, the questions were later modified to include all people and any type of wrongdoing. The scale is scored on a 5-point Likert scale. The scoring of questions (3, 1, 4, 5, 8, 10, 12, and 14) is inverse. High scores indicate forgiveness, and low scores indicate a lack of forgiveness. [Rye et al. \(2001\)](#) reported Cronbach's alpha for "absence of negative", "presence of positive", and the entire questionnaire as 0.86, 0.85, and 0.87, respectively. In line with the convergent validity of the questionnaire, forgiveness was

examined by comparing the scores obtained from this questionnaire with the Enright Forgiveness Questionnaire among 328 male and female students with an average age of 19 years, and a correlation of 0.52 to 0.75 was obtained. In Iran, the Cronbach's alpha of this test on 200 married female students of Tehran universities was 0.96, and the validity of this scale was also confirmed through correlation with the New Five-Factor Inventory, respectively, with neuroticism 0.45, with agreeableness 0.52, with extraversion 0.33, with agreeableness 0.42, and with openness 0.35. [Zandipour et al. \(2011\)](#). In the present study, the reliability of the questionnaire using Cronbach's alpha method was obtained for the subcomponents of absence of negative emotions, presence of positive emotions, and the total forgiveness scale as 0.75, 0.83, and 0.82, respectively.

3. Results

The research sample consisted of 150 married women living in Rasht. 66 (44%) were in the 25-35 age group, 52 (34.7%) were in the 36-45 age group, 23 (15.3%) were in the 46-55 age group, and 9 (6%) were over 55 years old. Correspondingly, the level of education showed that 37 (24.7%) of the subjects studied had a bachelor's degree or higher, 16 (10.7%) had an associate's degree, 78 (52%) had a bachelor's degree, and 19 (12.7%) had a master's degree. The employment status of the women studied also showed that 93 (62%) were employed and 57 (38%) were housewives. Likewise, the study of the duration of marriage showed that 45 of the subjects (30%) had been married for less than a year, 56 (37.3%) for one to five years, 15 (10%) for six to ten years, and the

remaining 34 (22.7%) had been married for more than ten years. 110 of the subjects (73.3%) had no children, 18 (12%) had one child, and 22 (14.7%) had two children.

Table 1 presents the mean and standard deviation, minimum and maximum values, and skewness and elongation indices of the research variables.

Table 1

Mean and standard deviation of descriptive research indicators

Component	Mean	Standard Deviation	Minimum	Maximum	Skewness	Kurtosis
Couple Conflicts	34.44	1.52	9	147	1.64	1.30
Humor	109.04	2.20	52	158	-0.30	-0.42
Forgiveness	63.12	1.00	32	82	-0.46	0.50
Intimacy	13.90	2.00	7	24	0.43	1.12

Table 1 showed that the mean and standard deviation for couple conflicts were 34.44 ± 1.52 , humor was 109.04 ± 2.2 , forgiveness was 63.12 ± 1 , and intimacy was

13.90 ± 2 . The skewness and kurtosis indices also indicate that these data are in a normal distribution. The correlation matrix of research variables is presented in Table 2.

Table 2

Pearson correlation matrix to examine the relationship between the occurrence of Marital conflicts and Humor, Forgiveness, and Intimacy.

* $P < 0.05$ ** $p < 0.01$

Component	Couple Conflicts	Humor	Forgiveness	Intimacy
Couple Conflicts	1			
Humor	-0.475** 0.001	1		
Forgiveness	-0.339** 0.001	0.233** 0.004	1	
Intimacy	-0.361** 0.001	0.181* 0.026	0.072 0.384	1

The results of the Pearson correlation matrix showed that there is a negative and significant relationship between marital conflicts and the indicators of humor, forgiveness, and intimacy ($P < 0.001$).

Stepwise regression analysis was used to examine the predictability of marital conflicts based on the variables of humor, forgiveness,

and intimacy. The results of examining the normal distribution of variables, the assumption of independence of errors by the Durbin Watson test (Durbin Watson = 1.337) showed that the necessary statistical assumptions were met. A summary of the regression model for predicting marital conflicts is presented in Table 3.

Table 3

Summary of the regression models for predicting Marital conflicts

Model	R	R ²	Adjusted R	Standard Error
1	0.475	0.22	0.22	13.70
2	0.551	0.30	0.29	13.04
3	0.596	0.35	0.34	12.59

The summary results of the regression model showed that humor, forgiveness, and emotional intimacy predict the marital conflicts of the women studied during the three steps, and the R² value shows that 22.6 percent in the first step, 30.4 percent in the

second step, and 35.5 percent in the third step of the level of marital conflicts of women can be explained based on the predictor variables. [Table 4](#) presents the results of the analysis of variance to test this model.

Table 4

Results of analysis of variance to predict Marital conflicts based on predictor variables

Steps	Sum of Squares	Df	Mean Square	F	Significance Level
1	8113.96	1	8113.96	43.18	0.001
	27804.99	148	187.87		
	35918.96	149			
2	10915.55	2	5457.77	32.087	0.001
	25003.40	147	170.09		
	35918.96	149			
3	12758.82	3	4252.94	26.81	0.001
	23160.14	146	158.63		
	35918.96	149			

The results of the analysis of variance showed that humor, Forgiveness, and Emotional Intimacy predict the reduction in marital conflicts over three steps. [Table 5](#)

presents the results of the standardized and unstandardized coefficients entered into the model.

Table 5

Standardized coefficients were entered into the model to predict marital conflicts of the women studied.

Steps		B	Standard Error	Beta	T	Significance Level	VIF	tolerance
1	Humor	-0.304	0.046	-0.475	-6.572	0.001	1.00	1.00
2	Humor	-0.271	0.045	-0.424	-6.056	0.001	0.967	1.034
	Intimacy Emotional	-1.467	0.361	-0.284	-4.058	0.001	0.967	1.034
3	Humor	-0.237	0.044	-0.371	-5.349	0.001	0.919	1.089
	Intimacy	-1.430	0.349	-0.277	-4.096	0.001	0.966	1.035
	Emotional Forgiveness	-0.361	0.106	-0.233	-3.409	0.001	0.945	1.058

Marital conflicts = 102.98 (constant) -0.237 (Humor) -1.430 (Emotional Intimacy) -0.361 (Forgiveness)

According to the t-value and significance level, it was determined that in the first step, humor, in the second step, the two variables humor and emotional intimacy, and finally in

4. Discussion

The present study was conducted to investigate the role of forgiveness, humor, and intimacy in predicting women's marital conflicts. The results of the Pearson correlation matrix showed that there is a negative and significant relationship between marital conflicts and the indicators of humor, forgiveness, and intimacy. Correspondingly, the regression results showed that humor, forgiveness, and intimacy predict the marital conflicts of the women studied in three steps, and the R² value shows that in the first step, 22.6 percent, in the second step, 30.4 percent, and in the third step, 35.5 percent of the level of marital conflicts of women can be explained based on the predictor variables.

the third step, humor, emotional intimacy, and forgiveness have the greatest contribution to predicting marital conflicts in the women studied.

The above finding was in accordance with the findings of previous studies (Abbas et al., 2019; Pratham et al., 2024; Ebrahimi & Banifatmeh, 2014; Wilbur & Campbell, 2011; Saroglou et al., 2010; and Yip & Martin, 2006). In explaining the above results, it can be stated that the family, as the most important social institution, plays a decisive role in the health of the individual and society, and any disruption in marital relations can challenge the functioning of the family. In families where there are marital conflicts, factors such as emotional intimacy, humor, and forgiveness can play a role as effective variables in predicting and reducing these conflicts. In other words, the existence

of emotional intimacy between couples increases empathy, reduces misunderstandings, promotes a sense of closeness and psychological security, and increases the ability of spouses to express emotions and solve common problems. Couples who have a higher level of intimacy tend to manage conflicts more constructively and are less likely to get caught up in negative cycles of interaction. The results of [Yarigarravesh & Hosseinizadeh's \(2022\)](#) study showed that there is an inverse and significant relationship between intimacy and marital conflict, meaning that as intimacy between couples increases, conflicts between them decrease. Similarly, [Greeff & Malherbe's \(2001\)](#) study showed that emotional intimacy is directly related to increased marital satisfaction and reduced marital conflict.

Humor is a very important variable for understanding marital satisfaction, and couples can use it during stressful times in their lives to reduce tension and create moments of joy in conflict situations. The level of humor in couples can be an indication of how they manage marital conflicts. Couples who use humor positively and constructively are often better able to reduce tension and anticipate and manage conflicts. Conversely, a lack of humor or its negative use can be an indication of a greater likelihood of conflicts ([Erickson & Feldstein, 2006](#)). Humor can reduce tensions arising from conflicts and provide a basis for calm and effective dialogue. The results of the study by [Fallah & Aboulghasemi \(2015\)](#) showed that humor is significantly related to interpersonal conflict resolution styles in

incompatible couples. [Bakhshipour \(2015\)](#) also showed in a study that accommodating humor styles have a negative correlation with marital conflict and some of its components, and there is no significant correlation between unaccommodating humor styles and marital conflict and its components.

According to the results of various studies, forgiveness has important benefits for health, well-being, and the quality of interpersonal relationships ([Ghobari-Bonab et al., 2008](#); [Karremans et al., 2003](#)). Forgiveness helps couples overcome each other's mistakes and shortcomings and prevents the continuation of hostility. Research also shows that forgiveness is the foundation of a successful marriage and is an important element in the process of improving relationships after severe trauma. Forgiveness can also improve couples' communication performance and reduce negative emotions such as resentment, hatred, and anger ([Fakouri-Ashkiki et al., 2023](#)). The results of [Fincham et al.'s \(2006\)](#) study showed that women who scored high on the forgiveness factor reported lower levels of conflict with their husbands. In this study, the reason for the reduction in marital conflicts was the high number of couples, and since marital conflict is one of the components of family strength in the present study, the present study was in line with the research of [Fincham et al \(2006\)](#).

[Amanellahi et al. \(2018\)](#) also showed that forgiveness has the ability to predict marital conflicts and that a high level of forgiveness plays a role in the lowest level of marital conflicts. In explaining the above results, it can be said that forgiveness, humor, and emotional intimacy are able to predict the

level of marital conflicts in women. Women who have a higher level of forgiveness can manage differences with patience and flexibility and prevent conflict from escalating.

The present study had some limitations. First, the use of self-report questionnaires can be affected by respondent bias. Second, the research design was cross-sectional, and it is not possible to examine causal and long-term relationships between variables. Third, the population was limited to married women, which makes it difficult to generalize the

5. Conclusion

Based on the findings of the present study, this study has practical applications for family counseling and clinical psychology professionals and can help couples better manage marital conflicts and improve the quality of their relationships. Special attention should be paid to training and strengthening the skills of forgiveness, emotional intimacy, and humor in couples so that they can better manage everyday tensions and conflicts. Furthermore, this study can be a guide for designing prevention programs and targeted psychological interventions in families to increase mental health and marital satisfaction.

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results to other groups. It is suggested that future research should conduct longitudinal and interventional studies to examine the real role of these variables in reducing marital conflicts. Besides, the use of qualitative methods, such as in-depth interviews, can reveal more dimensions of intimacy, humor, and forgiveness in marital relationships. In addition, designing training workshops in counseling centers to promote these skills in couples can play an effective role in preventing and reducing conflicts.

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Conflicts of Interest

The Authors declare that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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Research Paper: The Relationship between Personality Traits and Public Speaking Anxiety among Mizan - Aman Health Science College Students, South West Ethiopia



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Abstract

Objectives: This study aimed to assess the relationship between the Big Five personality traits and public speaking anxiety among students at Mizan-Aman Health Science College, South West Ethiopia.

Methods: An institutional-based cross-sectional survey design was employed. A stratified random sampling technique was used to select respondents from each stratum, resulting in a total of 320 participants (154 males and 166 females). Data were collected using the Personal Report of Public Speaking Anxiety (PRPSA) scale and the Big Five Inventory (BFI). Percentages, independent sample t-tests, one-way ANOVA, Pearson correlation, and multiple linear regression analyses were conducted to address the study's specific objectives.

Results: The analysis revealed that the prevalence of public speaking anxiety was 28.1%. The mean public speaking anxiety scores for female students ($M = 54.15$, $SD = 10.99$) were significantly higher than those of male respondents ($M = 47.90$, $SD = 11.04$), $t(318) = -5.07$, $p = 0.01$. Significant mean differences were found between students with different year level. A moderate to low negative correlation was observed between the Big Five personality traits and public speaking anxiety, except for agreeableness, which showed a positive correlation. Multiple linear regression analysis indicated that 20.5% of the variance in public speaking anxiety could be explained by personality traits.

Conclusions: The findings suggest that the Big Five personality traits significantly correlate with public speaking anxiety. Gender difference was also reported. Thus, special consideration should be given to female students in speaking classes.

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1. Introduction

Social phobia, commonly referred to as social anxiety disorder (SAD), is one of the most prevalent anxiety disorders and is characterized by an intense fear of social situations in which individuals may be negatively evaluated (American Psychological Association, 2022). Recent surveys indicate that approximately 7% of adults in the United States experience SAD in a given year, with onset commonly occurring during adolescence (American Psychological Association, 2022). One subtype relevant to academic settings is performance-only SAD, defined in the DSM-5-TR as fear confined to performance situations such as giving speeches or presenting to an audience (American Psychiatric Association, 2022).

Public speaking, a common academic performance activity, involves the structured delivery of information to a live audience with the intent to inform, persuade, or engage listeners. As described in APA (2022) public speaking anxiety is characterized by **marked fear/anxiety, fear of negative evaluation, avoidance or endurance, disproportionate fear and significant distress/Impairment which must last for not less than six months**. These symptoms had made it to be part of SAD. When individuals experience an excessive fear response during public speaking situations, it is referred as public speaking anxiety (PSA) or gloss phobia, a phenomenon now increasingly recognized as a public health and educational concern. More recent global studies have documented high PSA prevalence among university students, including 61% reporting moderate to high PSA in the Philippines (Del Villar &

Tan, 2023), 46% and over 45% among medical students in Sub-Saharan Africa (Ahmed et al., 2025).

Beyond prevalence, emerging research examines psychological correlates of PSA. The Big Five personality trait model continues to be the leading framework for understanding personality–behavior associations in higher education, with studies showing that traits such as neuroticism are positively associated with PSA, whereas extraversion and openness tend to predict lower PSA levels (Wanying et al., 2024). Personality traits play a substantial role in academic experiences and performance-related tasks, including speaking, presenting, and group collaboration.

The rise of student-centered pedagogy including case-based learning, discussions, seminars, simulations, and project-based assessments requires learners to articulate ideas clearly and confidently in front of peers and evaluators. However, many students still struggle with performance-related anxiety. Recent findings suggest that even individuals who are socially comfortable may experience heightened fear when required to speak publicly, often resulting in avoidance behaviors, cognitive impairments, and physical anxiety symptoms (Christy et al., 2021). Studies also indicated that students with PSA may also experience reduced academic engagement, absenteeism before presentations, diminished confidence, and poorer academic outcomes (Maryam et al., 2024).

In Ethiopia and much of Sub-Saharan Africa, research on PSA remains limited

despite its relevance for academic success and professional readiness. Recent evidence shows that PSA substantially disrupts learning and contributes to impaired academic performance and reduced career self-efficacy (Ahmed et al., 2025). The scarcity of studies examining PSA among Ethiopian college students, along with inconsistent findings on gender differences and personality correlates, highlights the need for further investigation. Therefore, the present study aims to address the following questions: To what extent is public speaking anxiety prevalent among nursing students at Mizan-Aman College of Health Sciences? Is there a significant gender difference in PSA among these students? Do PSA levels differ significantly across year levels? What is the relationship between the Big Five personality traits and PSA among these students?

2. Methods

2.1 Research Design, Population and Sampling

An institution based cross-sectional survey design was employed. Because such type of research designs gives an advantage of studying prevalence and look at the relationship between different variables at the same time. In addition, in such type of research designs data can be collected from a cross section of a population in a short time and then results could be generalized to represent the entire population of the study. A quantitative research approach was adopted because each specific objectives of the study was analyzed through statistical expressions. The study was conducted in south western Ethiopia, South Nations and Nationalities and people region, (SNNPR)

Bench Maji Zone, Mizan-Aman College of Health Science. The college is among the four government health science colleges in south nation nationalities and people region. It was about 550 km far from Addis Ababa. The target population of the study was 803 males and 887 females a total of 1690 nursing students of Mizan-Aman College of health science comprising those from midwifery, compressive nursing, laboratory, Health informatics and pharmacy departments. **Inclusion criteria:** Those students who were willing and no current sicknesses were included. **Exclusion criteria:** Those students who were experiencing sum discomforts or emotional disturbance or even sick were excluded for the sake of minimizing careless ratings.

Stratified random sampling was used in selecting the samples for this study. This was helped the researcher to get representative sample from each strata. Though there were many means of stratification, gender and year level were the basis for forming strata in this study. Stratifications were also further made on the basis of the field of study. This was done to get representative and proportional samples.

The sample estimates according to Yamane's simplified formula for proportion was:

$$n = \frac{N}{1 + N(e)^2} = 323$$

from the total 1690 students. From the total population the total number of first year, second year and third year students was 750(345 male & 405 females), 560 (291 male& 270 female) and 379(167 males & 212 females) respectively.

Applying proportional allocation formula for each strata

$$n_i = \left(\frac{n}{N}\right) N_i \quad n_i = \left(\frac{n}{N}\right) N_i$$

proportional sample was allocated. Finally systematic random sampling was employed to select actual samples.

2. 2. Instruments

The study had employed two self-report questioner guides in collecting data from the respondents. These were the Personal Report of Public Speaking Anxiety (PRPSA) and the Big Five Inventories (BFI).

Personal Report of Public Speaking Anxiety (PRPSA): is a self-report instrument developed by McCroskey (1970) to assess individuals' levels of anxiety specifically associated with public speaking situations. Theoretically it is grounded in communication apprehension theory and basically focuses on cognitive, emotional, and physiological responses experienced by the respondents before and during public speaking. The original PRPSA consists of **34 items**, each reflecting feelings or reactions related to public speaking anxiety. Items are rated on a **5-point Likert-type scale**, typically ranging from *strongly disagree* to *strongly agree*. Some items are reverse-scored to control for response bias for instance (item 6, I have no fear of making classroom presentations, item 7, Although I am nervous just before starting a presentation, I soon settle down after starting and feel calm and comfortable, item 11, I feel relaxed while making presentation, item 12, I enjoy preparing for classroom presentation etc.) are reversely coded. The total scores are computed by summing all item responses, with higher scores indicating greater levels of

public speaking anxiety. This instrument is **self-administered** and can be completed individually or in group settings. Administration typically requires **10–15 minutes**, and the instrument may be administered in paper-and-pencil format or electronically. Clear instructions are provided to respondents to answer based on their usual feelings toward public speaking situations rather than a single speaking event. It was originally developed for use with **college and university students**.

For the purpose of this study the PRPSA with -34 items which was reduced in to 18 items by Mörtberg et al. (2018) was used. The psychometric properties of PRPSA were tested in a Sample of University Students in Sweden. This brief version was employed because it was more recent, valid and reliable. The estimate for the scale was found to be $\alpha .90$. Moreover, it could be easily administered than the 34 item PRPSA scale.

The Big five inventory (BFI): The **Big Five Inventory (BFI)** is a self-report personality assessment developed by John and Srivastava (1999) to measure the five major dimensions of personality: **Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience**. The instrument is based on the Five-Factor Model of personality and was designed to provide a brief yet reliable assessment of broad personality traits. The Big Five Personality Inventory (BFI) is a very commonly used tool in psychology researches to measure five dimensions of personality. It is 5-point Likert scale ranging from 1-5 (where 1 indicates = disagree strongly and 5 = indicates agree strongly). It

includes 44 statements that ask the respondents to indicate the extent to which they agree or disagree with a particular statement. These statements are related to five dimensions of personality that are, extroversion = 8 items (2 items reversely coded); agreeableness = 9 items, (4 items reversely coded); conscientiousness = 9 items (4 items reversely coded); neuroticism = 8 items (3 items reversely coded); and openness = 10 items (2 items reversely coded). The alpha estimates for this tool is above .75 in many translations. According to [Amente and Zeleke \(2024\)](#) the Amharic version of the big five personality dimensions were found to have very good to excellent alpha level. Extroversion (.83), Neuroticism (.86) Conscientiousness (.86), openness (.88), agreeableness (.77) was reported in their study. This instrument can be **self-administered** and is suitable for individual or group administration. Completion time is approximately **5–10 minutes**, making it appropriate for research contexts where time constraints are a concern.

2.3. Procedure

Three data collectors were recruited. Then necessary orientations have been provided for them for two continuous days. Students were asked for their willingness to fill the questionnaires. The data collecting tools were translated in to Amharic by two language professionals and finally translated in to English to see its consistency. The two questionnaires (PRPSA and the big five inventory) items were attached together to facilitate the coding system. After that, respondents were randomly selected and filled the questionnaires in their free classes

in an organized classroom setting. While filling the questionnaires students were helped by the data collectors. Finally, the questionnaires were collected and submitted to the researcher so that the researcher organized and coded the questionnaires to facilitate for data entry and analysis.

Both descriptive and inferential statistical methods were employed throughout the process of data analysis. Under descriptive statistics percentage and Pearson correlation coefficients were used and inferential statistics such as independent t-test and multiple regression analysis and one-way ANOVA were used to test statistical significance of the variables in the study. Percentage was used to describe the prevalence of public speaking anxiety among students; Pearson correlation was employed to see the correlation between each big five personality Traits and public speaking anxiety. For further analysis of the statistical significance of the predicting values of the big five traits on the variance in public speaking anxiety, multiple regression analysis was employed. The independent t-test was employed to test significant mean difference between male and female students while the one-way ANOVA was used to test between group mean differences among first second and third year student groups in their public speaking anxiety scores. SPSS version 25 was used to carry out the analysis. Written informed consent form was signed before the actual data collection. Participants were informed about the purpose of the study and encouraged for voluntary participation. Respondents were informed about the objectives of the study and asked for

voluntary participation in filling the questionnaires. The right to withdraw anytime without any consequence was also clearly stated. The proposal was approved by college research standing committee that it has no significant harm on human subjects.

3. Results

From a total of 323 expected respondents 320 were participated in filling the questionnaire yielding 99.07 % response rate. Among the respondents 154(48.1 %) were males while the remaining 166(51.9%) were females. From the total men respondents, 73(44%) were from first year, 30(19.5%) from second year and 30(19.5%) were participated based on their proportion. Regarding female respondents 67(43.5%) were from first year, 57(37%) from second year and 41 (25%) from third year group were involved. Thus, a

total of 141 (44%) first year, 108(33.8%) second year and 71 (22.2%) third year respondents were participated in the study.

In assessing the prevalence of public speaking anxiety among the students, their score on the self-reported questionnaire frequencies and percentages were computed based on the cutoff point. The analysis revealed that public speaking anxiety was prevalent among the students. From the respondents, the scores of 230 (71.9%) reported no anxiety towards public speaking and 90(28.1%) respondents reported anxiety level above the cutoff point. From this, it could be concluded that as to other group of students in other fields, approximately one third of the participants had experienced high level of anxiety with regard to public speaking.

Table 1

An independent t-test for significant mean differences

	Levine's test for equality of variance				t-test for equality of means		
	F	Sign	t	Df	sign (2, tailed)	MD	standard. error
Equal variance assumed	.000	1.000	-5.072	318	.000**	-6.25	1.23
Equal variance not assumed			-5.071	315.98	.000**	-6.25	1.23

The total number respondents in this study was 320 and from these 154 (48.1%) were males while 166 (52.9%) were female respondents. With respect to assessing the difference between male and female respondents on public speaking anxiety score, mean analysis was conducted. An examination of the group means indicated that the mean public speaking anxiety scores

of female students (M=54.15, SD=10.99) was higher than male students (M=47.90, SD=11.04). An independent sample t-test was conducted to evaluate whether the observed mean difference between male and female respondents was statistically significant. The analysis revealed that the observed mean differences between the two groups (male & female respondents) was

statistically significant $t(318) = -5.072, p = 0.01$).

Table 2

Mean difference between respondents from different groups in terms of year level

Groups by year level	N	mean	std. deviation
1 st year groups	141	51.2553	12.33428
2 nd year groups	108	53.500	10.54009
3 rd year groups	71	47.3521	9.95719
Total	320	51.1469	11.43992

As illustrated in table 2 above mean analysis was conducted to assess the difference between respondents with different year level (1st, 2nd&3rd) with respect to their public speaking anxiety. The analysis result showed that the mean PSA score of participants from third year groups year group ($M=47.35, SD=11.43$) was lower than respondents from first year group ($M=51.25,$

$SD= 12.33$) and second year groups ($M= 53.50, SD= 10.54$).

To check that the observed mean difference between the groups was statistically significant, one-way ANOVA test was conducted. The analysis of variance showed that respondents with varying year groups significantly differs in their public speaking anxiety $F(2,317) = 6.40, p = .002$.

Table 3

Multiple comparison tests

(i) groups	(j)groups	MD	Standard. error	P value
1 st year groups	2 nd year groups	-2.24	1.43	.265
	3 rd year groups	3.90	1.63	.046
2 nd year groups	1 st year groups	2.24	1.43	.265
	3 rd year groups	6.14	1.71	.001**
3 rd year groups	1 st year groups	-3.90	1.63	.046*
	2 nd year groups	-6.14	1.71	.001**

*Significance at 0.05 alpha level, ** significance at 0.01 alpha level

As shown in table 3 above, to see between which groups statistically significant difference exist, multiple comparison or Post

Hoc test was conducted using Turkey's test. The test revealed that public speaking anxiety scores of third year group ($M=47.35,$

$SD=9.95$) was significantly less than that of first year groups ($M=51.25$, $SD=12.33$) and second year groups ($M=53.500$, $SD=10.54$)

$p=.001$. The public speaking anxiety scores of first year and second year groups do not differ significantly $P=0.265$.

Table 4

Relationship between the big five personality variables and public speaking anxiety

Variables	(r)	P-value
Extraversion	-412**	0.001
Openness	-395**	0.001
Agreeableness	0.016	0.781
Conscientiousness	-221**	0.001
Neuroticism	0.244**	0.001

** Correlation is significant at the 0.01 level (2 -tailed)

As seen in table 4 above, Pearson correlation revealed that among the five big personality variables, the four were found to have significant positive and negative correlation with public speaking anxiety at 0.05 levels except for agreeableness personality variable. However, all of the correlations would be considered moderate to low based on the criteria.

Pearson correlation revealed that extraversion ($r = -412$, $p=0.001$) and Openness ($r=-395$, $p=0.001$) personality

variable had a moderate negative correlation with public speaking anxiety and the correlation was also found to be statistically significant at 0.05 alpha level. Conscientiousness had a weak negative correlation ($r = -221$, $P=0.001$), and neuroticism had also a weak positive correlation with public speaking anxiety ($r=.244$, $p=0.001$), finally agreeableness personality variable had a very weak positive correlation with PSA and the relationship was not statistically significant at 0.05 alpha level ($r= 0.016$, $P=.781$).

Table 5

Regression coefficients

Model	β	Standard. Error	Beta	t	P	tolerance	BIF
1(constant)	71.303	5.814		12.243	.000		
Extroversion	-.436	.125	-.248	-3.480	.001	.499	2.004
Openness	-.273	.119	-.168	-2.295	.002	.471	2.124
Conscientious	-.126	.104	-.067	-1.215	.067	.834	1.198
Neuroticism	.210	.131	.088	1.604	.110	.839	1.191

To see the combined predicting effect of the four personality variables that had shown significant correlation with PSA

(Extraversion, openness, Conscientiousness, & Neuroticism) multiple linear regression analysis was conducted after checking the

underlying assumptions. The analysis revealed that 20.5 % of the variance in public speaking anxiety could be explained by difference in the personality variables score ($R^2 = .205$). The P-value for the overall model was $F(4,315) = 20.258$, $p = .001$. Therefore, it could be understood that the amount of variance explained by the personality variables was statistically significant at 0.05 levels.

Extroversion and openness to experience were found to be statistically significant an independent predictor of public speaking anxiety at 0.05 level ($p = 0.001$ & 0.022 respectively). The two variables (conscientiousness & neuroticism) were not significant an independent predictor of public speaking anxiety ($p = 0.22$ & 0.11) respectively.

4. Discussions

The prevalence of public speaking anxiety according to this study was 28.1%, which is consistent with several recent studies of student populations. The observed rate is similar to pooled estimates of social-performance anxiety among students: a recent systematic review and meta-analysis of Ethiopian students reported a pooled social-phobia prevalence of 26.8% (Melkam et al., 2023), and larger multi-site student surveys and university samples show that public-speaking and presentation situations are among the most anxiety-provoking learning contexts for students. (Lintner & Belovecová, 2024). Although lifetime estimates for clinically diagnosed social anxiety disorder (SAD) in population surveys vary, epidemiological reviews report lifetime

prevalence estimates that are substantially lower than the prevalence of situation-specific fears in student samples, and clinical SAD often co-occurs with performance fears (Lintner & Belovecová, 2024).

The obtained prevalence (28.1%) was somewhat higher than some published estimates from other countries (e.g., ranges reported across surveys), which may indicate that a portion of the sampled students experienced SAD symptoms or elevated performance-specific fears. Cross-national differences in reported public-speaking anxiety can reflect cultural norms, pedagogical approaches, familiarity with public-speaking tasks, measurement instruments, and sampling differences — factors highlighted in recent work comparing student samples across settings. (Lintner & Belovecová, 2024; Melkam et al., 2023).

The study found a significant gender difference in public speaking anxiety, with females reporting higher anxiety, which aligns with recent university-based research showing that female students often report greater public-speaking and social-performance anxiety than male students (Lintner & Belovecová, 2024; Melkam et al., 2023). International student studies and recent multi-site investigations similarly report higher mean PSA (public speaking anxiety) among women, although some individual studies find no difference — likely reflecting sample, cultural, and measurement variability (Lintner & Belovecová, 2024). The higher scores among female students may reflect a combination of higher social-evaluation sensitivity, socialization patterns,

and context-specific expectations; Ethiopian-context syntheses also identify being female as a consistent correlate of higher social phobia among students. (Melkam et al., 2023).

One-way ANOVA analysis revealed significant differences between year groups: students in the third year scored lower on public speaking anxiety than first- and second-year students, while first- and second-year groups did not differ significantly. This pattern is consistent with the idea that increased exposure and practice (more presentations, projects, seminars and clinical/practical tasks) reduce situation-specific anxiety over time. Recent large student samples show study level / year of study is a predictor of PSA, with students further along in their programs often reporting lower PSA — likely because of greater exposure, habituation, and developed presentation skills. (Lintner & Belovecová, 2024). Behavioral principles (gradual exposure, systematic desensitization) and modern interventions (including internet-based and VR exposure) are highlighted in the literature as effective ways to reduce public speaking anxiety through repeated, supported exposure. (Lim et al., 2022; Reeves et al., 2021).

The study found significant correlations between four personality dimensions and public speaking anxiety: extraversion, openness, and conscientiousness were negatively correlated with PSA, while neuroticism was positively correlated; agreeableness showed no significant correlation. The pattern and direction the findings indicated that extraversion,

openness and conscientiousness can be taken as protective factors while neuroticism could be risk factor. These findings are consistent with recent empirical findings linking Big Five traits to anxiety in student samples. Several large, recent studies report negative associations of extraversion, conscientiousness (and sometimes openness) with anxiety, and a positive association of neuroticism with anxiety; mechanisms such as self-efficacy and academic burnout appear to mediate these relationships. (Wu et al., 2024).

Multiple linear regression in this study indicated that personality traits explained 20.5% of the variance in public speaking anxiety. This magnitude is consistent with recent work showing personality explains a meaningful but partial portion of variance in anxiety outcomes (with remaining variance attributable to situational, developmental, and environmental factors), and highlights that personality is an important contributor but not the sole determinant of PSA (Wu et al., 2024; Lintner & Belovecová, 2024). Extraversion and openness to experience emerged as independent negative predictors of PSA in the study; this may reflect the greater social approach tendencies and tolerance for new experiences that accompany these traits, which facilitate interaction and reduce fear in performance contexts (Wu et al., 2024).

Arranging frequent speaking task and ensuring the participation of all students in the class room would be very important. Avoiding/minimizing/ presentation tasks with predetermined presenters to encourage students practice interns before the actual

presentation in their groups would see as systematic desensitization technique to help students gradually reduce their level of anxiety. Balance individual and group presentation tasks throughout the courses so that all students can have a chance to face public speaking challenges. Give high attention and facilitate separate public presentation practice for female students so that their high level of anxiety towards PSA might be reduced. Teachers need to appear friendly to their students and encourage their little attempts considering experience issue, discouragements and negative words during presentation session may increase (anticipate) the level of anxiety for next presentations.

5. Conclusion

Based on the findings of the study, it could be concluded that the prevalence of public speaking anxiety among students of Mizan-Aman health Science College was found to be high. Female students had reported relatively higher level of public speaking anxiety than males. Year of stay in college has significant contribution in reducing the level of public speaking anxiety among the students. Participants who score high in extroversion and openness to experience traits had reported low level of public speaking anxiety. Therefore, educators should give high attention for female students and introverts to increase their confidence in speaking classes.

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Conflict of interest

The author does not have any conflict of interest

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Research Paper: The Role of Intimacy and Sexual Knowledge in Predicting Marital Quality with the Mediation of Attachment Style in Iranian Couples



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Abstract

Objective: This study aimed to investigate the role of intimacy and sexual knowledge in predicting marital quality, with attachment style as a mediator, among Iranian couples.

Methods: The research employed a correlational design using structural equation modeling (SEM). The statistical population consisted of couples referred to psychotherapy and welfare centers in Tabriz in 2023, from which 250 participants were selected via multistage random sampling. Data were collected using the Revised Dyadic Adjustment Scale (RDAS), Intimacy Scale (IS), Sexual Knowledge Questionnaire (SKQ), and Experiences in Close Relationships-Revised (ECR-R). For data analysis, SPSS version 26 was used for descriptive and correlation analyses, and AMOS version 24 was applied for structural equation modeling to test the hypothesized relationships between variables.

Results: The sample size was found to be adequate for structural equation modeling (KMO=0.89). Intimacy ($\beta=0.41$, $P<0.001$) and sexual knowledge ($\beta=0.20$, $P<0.01$) had direct effects on marital quality, while attachment style significantly mediated these relationships ($P<0.001$). The proposed model showed a good fit to the data ($\chi^2/df=2.15$, RMSEA=0.06).

Conclusions: They suggest that counselors and therapists should prioritize integrating these essential elements into their therapeutic approaches and interventions to promote healthier, more fulfilling partnerships.

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1. Introduction

The family, as the fundamental unit of society, represents a dynamic and multilayered system characterized by deep emotional bonds, defined roles, and complex interactions (Rahimi et al., 2022). At the core of this system lies marital quality, recognized as a key indicator of marital health and stability (King et al., 2022). Marital quality is a multidimensional construct encompassing satisfaction, adjustment, cohesion, and commitment, and it is influenced by various factors, including psychological characteristics and spousal interactions (Troxel, 2006). Numerous studies have demonstrated that improving marital quality not only enhances the psychological well-being of couples but also positively impacts overall family functioning and even future generations (May et al., 2020). The family, as the fundamental unit of society, represents a dynamic and multilayered system characterized by deep emotional bonds, defined roles, and complex interactions (Rahimi et al., 2022). At the core of this system lies marital quality, recognized as a key indicator of marital health and stability (King et al., 2022). Marital quality is a multidimensional construct encompassing satisfaction, adjustment, cohesion, and commitment, and it is influenced by various factors, including psychological characteristics and spousal interactions (Troxel, 2006). Numerous studies have demonstrated that improving marital quality not only enhances the psychological well-being of couples but also positively impacts overall family functioning and even future generations (Proulx, Felix, 2025).

One of the most influential predictors of marital quality is intimacy. Intimacy—defined as emotional closeness, trust, and mutual support—has repeatedly been identified as a foundational element of marital satisfaction (Nouranipour et al., 2017). Recent studies have demonstrated that emotional intimacy strengthens communication and reduces conflict, thereby enhancing relational well-being (Maboudi et al., 2023; Salehi et al., 2023). Similarly, interventions designed to foster emotional intimacy have been shown to improve marital satisfaction and commitment (Knobloch-Fedders et al., 2020).

Findings from the Flourishing Families Project, which examined 335 couples, further revealed that both emotional and sexual intimacy serve as critical mechanisms: emotional intimacy mediates the effect of partner communication on relationship satisfaction, while sexual satisfaction also contributes significantly through gender-specific dynamics (Dew & Wilcox, 2013).

In non-Western contexts, qualitative research among Iranian couples has highlighted unique cultural facilitators of intimacy, such as reciprocal self-sacrifice, gratitude, shared activities, and reliance on family or spiritual values (Sadeghi et al., 2020). These insights indicate that intimacy in Iran is shaped not only by individual emotions but also by cultural and family norms.

Taken together, the current evidence suggests that intimacy is a multifaceted construct—encompassing emotional, communicative, and cultural dimensions—

that robustly predicts marital quality across diverse contexts. Enhancing intimacy therefore represents a promising pathway for interventions aimed at strengthening marital relationships worldwide.

Another important factor influencing marital quality is sexual knowledge, which refers not only to couples' awareness of sexual matters but also to their ability to communicate effectively in this domain. From a theoretical perspective, sexual knowledge provides the cognitive foundation for developing healthy sexual scripts, fostering open communication, and reducing misconceptions about sexual behavior (Byers, 2011). Greater awareness and accurate information enable couples to negotiate sexual needs, manage expectations, and resolve conflicts more constructively, thereby enhancing marital satisfaction and stability (McCarthy, 2021).

Empirical evidence supports these theoretical assumptions. For example, McCarthy (2021) reported that sexual knowledge was positively associated with sexual satisfaction, which in turn predicted overall marital quality. Similarly, Torabi et al. (2023), in a study of couples in Tehran, showed that sexual education interventions increased marital satisfaction by nearly 30%. In addition, international findings suggest that sexual knowledge contributes to reducing sexual anxiety, improving mutual consent, and strengthening intimacy (Gott & Hinchliff, 2003).

Despite these findings, the role of sexual knowledge has received limited scholarly attention in Iran due to cultural taboos

surrounding sexual issues. Consequently, its mechanisms and broader impacts on marital quality have not been fully explored. Nevertheless, based on existing evidence, sexual knowledge appears to serve as both a protective factor against marital dissatisfaction and a facilitator of intimacy and trust between partners, ultimately contributing to higher marital quality across cultural contexts.

Attachment style, as another important psychological construct, plays a central role in shaping marital dynamics. According to Bowlby's attachment theory (1988), attachment styles (secure, avoidant, anxious) serve as internal working models that guide individuals' expectations and behaviors in close relationships. Secure attachment fosters trust, effective communication, and emotional regulation, all of which contribute to marital satisfaction and stability. In contrast, avoidant attachment is often characterized by emotional distancing and low responsiveness, which may hinder intimacy and increase marital dissatisfaction, while anxious attachment tends to produce excessive dependency and conflict due to heightened fear of rejection (Mikulincer & Shaver, 2019).

Empirical evidence strongly supports these theoretical foundations. Hosseini et al. (2021) found that secure attachment was positively correlated with marital satisfaction ($r = .62$) among Iranian couples, whereas insecure attachment exacerbated marital conflicts. Internationally, Fraley et al (2005) emphasized that secure attachment not only predicts higher marital satisfaction but also

buffers against stress and conflict. More recent findings have confirmed that secure attachment enhances intimacy, empathy, and sexual satisfaction, while insecure patterns undermine emotional closeness and communication (Chan et al, 2020).

Taken together, these findings suggest that attachment style is not merely a background characteristic but a dynamic relational framework. Secure attachment appears to amplify the positive effects of intimacy and sexual knowledge on marital quality, while insecure styles may weaken or distort these effects. Therefore, understanding and addressing attachment patterns is critical in marital counseling and interventions aimed at improving relationship quality.

Despite this evidence, a review of the literature reveals that most studies have examined intimacy, sexual knowledge, and attachment style in isolation, with fewer attempts to integrate these variables within a causal model. For instance, Nouranipour et al. (2017) explored the relationship between intimacy and marital quality but overlooked the mediating role of attachment style. Similarly, McCarthy (2021) addressed sexual knowledge without considering its effects through attachment style. This research gap is even more pronounced in Iran, where cultural restrictions have limited the study of sexual issues and comprehensive models that combine these variables remain scarce (Rahimi et al., 2022). Previous studies have provided valuable insights into the predictors of marital quality, yet several gaps remain. For instance, Nouranipour et al. (2017) explored the relationship between intimacy and marital quality in Iranian couples, but

overlooked the mediating role of attachment style. Similarly, McCarthy (2021) examined sexual knowledge and its impact on sexual satisfaction and marital quality, without addressing its indirect effects through relational variables such as attachment. International research further emphasizes these gaps: Brassard et al. (2023) demonstrated that attachment insecurity reduces the benefits of intimacy on marital outcomes, while Li and Chan (2019) found that secure attachment enhances the positive effects of both intimacy and sexual knowledge. However, these studies were conducted mainly in Western or East Asian contexts, limiting their applicability to Iranian cultural settings. In Iran, most studies have examined intimacy and marital satisfaction in isolation. For example, Sanaei (2000) and Hosseini et al. (2021) confirmed that intimacy and attachment are strong predictors of marital quality, but neither integrated sexual knowledge into their models. More recent Iranian studies, such as Torabi et al. (2023), highlighted the importance of sexual education for couples' satisfaction, but again failed to investigate its interaction with intimacy or attachment. Additionally, Rahimi et al. (2022) noted that cultural taboos surrounding sexual issues have constrained research in this area, resulting in limited conceptual models that capture the interplay of these factors.

Taken together, prior research suggests that intimacy, sexual knowledge, and attachment are each important for marital quality, yet few studies—especially within Iran—have examined them simultaneously in a single conceptual model. The present study

therefore seeks to address this gap by testing both the direct and indirect effects of intimacy and sexual knowledge on marital quality through attachment style, thereby contributing a more comprehensive framework to the literature

This gap underscores the necessity of the present study. Understanding how intimacy and sexual knowledge influence marital quality through attachment style may inform the development of more effective interventions for couples. The significance of this study is particularly heightened in the Iranian context, where marital conflicts and limited sexual awareness are common challenges, exacerbated by cultural taboos and the lack of adequate education (Torabi et al., 2023).

The aim of this research is to test a conceptual model demonstrating how

intimacy and sexual knowledge affect marital quality through the mediating role of attachment style. In this study, marital quality was operationalized and measured using the Revised Dyadic Adjustment Scale (RDAS; Busby et al., 1995), which assesses satisfaction, consensus, and cohesion between partners.

Drawing on attachment theory and marital quality research, it was hypothesized that attachment anxiety and avoidance would be negatively associated with intimacy, whereas sexual knowledge would be positively associated with intimacy. In turn, intimacy would positively predict marital quality. In addition, direct paths from attachment dimensions and sexual knowledge to marital quality were specified to test both direct and indirect (mediated) effects. Figure 1 depicts the conceptual model of the study

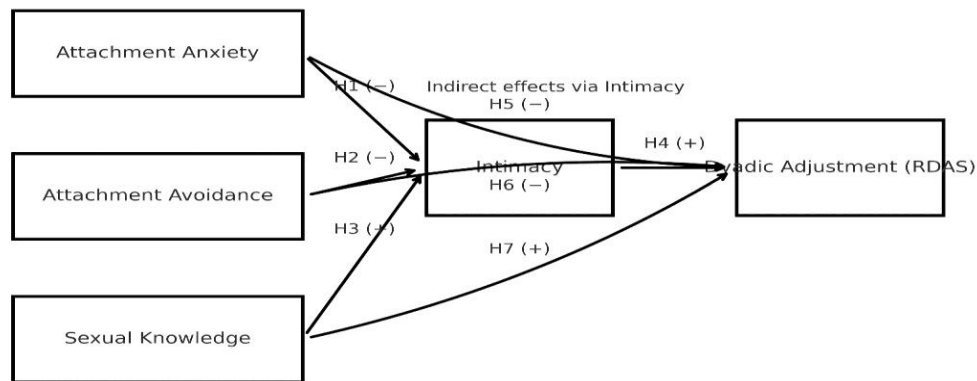


Figure 1
Conceptual Model of the Study

2. Method

The statistical population consisted of married couples who attended psychotherapy centers in Tabriz as well as the Welfare Organization of Tabriz in 2023 (N = 3,000).

Based on Kline's (2020) guideline—ten times the number of model parameters (25 parameters)—a sample size of 250 participants was considered appropriate. The sampling was carried out in two stages: first, psychotherapy centers were randomly selected, and then, from the couples referred to these centers, participants were recruited through purposive sampling, given the predetermined inclusion and exclusion criteria.

The inclusion criteria were residence in Tabriz, experiencing marital conflict, and willingness to participate in the study. Exclusion criteria included incomplete responses to the research instruments or withdrawal from the study.

2.1. Instruments

Revised Dyadic Adjustment Scale (RDAS): The RDAS was developed by Busby et al. (1995) and consists of 14 items. Responses are rated on a 6-point Likert scale ranging from *never* (0) to *always* (5). The scale comprises three subscales: consensus (items 1–6), satisfaction (items 7–10), and cohesion (items 11–14). The minimum possible score is 0, and the maximum is 69, with higher scores reflecting greater marital adjustment. Internal consistency has been reported with Cronbach's alpha ranging from 0.79 to 0.90 (Holist et al., 2005). In Iranian samples, Cronbach's alpha was 0.85 (Yousefi, 2011). Convergent validity with the

Marital Satisfaction Scale was established ($p < .001$).

Intimacy Scale (IS): The IS was designed by Walker and Thompson (1983) and includes 17 items rated on a 5-point Likert scale from *strongly disagree* (1) to *strongly agree* (5). The total score ranges from 17 to 85, with higher scores reflecting greater marital intimacy. The IS is unidimensional and does not include subscales. Internal consistency in Iranian samples was very high ($\alpha = 0.96$; Sanaei, 2000). Convergent validity was demonstrated through significant correlation with the Love Questionnaire ($r = .88$)

Sexual Knowledge Questionnaire (SKQ): This measure was developed by Hooper et al. (1992) and contains 15 items assessing knowledge of sexual health. Items are scored dichotomously (correct = 1, incorrect = 0), yielding a possible range of 0–15. Higher scores indicate greater sexual knowledge. Rahimi (2009) reported an internal consistency coefficient (Cronbach's alpha) of 0.82 in Iranian samples. Content validity was confirmed through expert review by specialists in sexual health (McCarthy, 2021).

Experiences in Close Relationships—Revised (ECR-R): Developed by Waller et al. (2000), this 36-item self-report instrument measures adult attachment across two subscales: anxiety (18 items) and avoidance (18 items). Responses are given on a 7-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (7). Scores for each subscale range from 18 to 126, with higher scores reflecting greater attachment anxiety or avoidance. Waller et al (2005) reported a

test-retest reliability of 0.70, while Iranian research demonstrated Cronbach's alpha of 0.78 (Shokarkan et al., 2006). Validity has been established through significant correlations with the Hazan and Shaver (1990) Attachment Scale ($r = .40-.60$)

2.2. Procedure

After obtaining approval from the heads of the selected centers and receiving ethical clearance from the Ethics Committee of the University of Mohaghegh Ardabili (IR.UMA.REC.1402.093), data collection was conducted from October to December 2023. Questionnaires were administered in person, with couples completing them

separately after providing informed consent. Participants were assured of confidentiality, anonymity, and voluntary participation, and they were informed that they could withdraw from the study at any time without penalty. The study involved no physical or psychological harm to the participants. Data were analyzed using SPSS version 26 (descriptive statistics) and AMOS version 24 (structural modeling). The significance level was set at 0.05

3. Results

Data from 250 couples were analyzed. The mean age of the participants was 32.36 years ($SD = 0.72$).

Table 1

Demographic Variables of Couples (n=250)

Demographic Variable	Level	Percentage	Number
Husband's Education	Elementary	10.4	26
	Middle School	13.6	34
	High School	36.8	92
	Diploma	39.2	98
	Bachelor's Degree and Higher	0.0	
Wife's Education	Elementary	12.8	32
	Middle School	17.6	44
	High School I	47.2	118
	Diploma	22.4	56
Number of Children	Bachelor's Degree and Higher	00.0	0
	1	27.6	69
	2	42.4	106
	3	28	70
	4	1.6	4
Husband's Occupation	More than 4	0.4	1
	Unemployed	1.2	3
	Government Employee	26	65
Wife's Occupation	Self-Employed	67.06	169
	Other	5.2	13
	Housewife	69.6	174

Demographic Variable	Level	Percentage	Number
	Government Employee	5.6	14
	Self-Employed	24.8	62
	Other	0	0
Age (years); Mean (Standard Deviation)			(72.0)32.36

Table 1 describes the demographic profile of the participants, revealing a diverse yet representative sample. Among husbands, education levels are predominantly moderate to high, with the highest frequencies at diploma (39.2%) and high school (36.8%), while only 10.4% hold elementary education. A similar pattern is observed for wives, with a stronger emphasis on high school (47.2%) and diploma (22.4%), and minimal representation at higher levels (less than 5%). The number of children is mostly limited to 1–3 (98% of the sample), reflecting modern small-family structures. Occupationally, husbands are primarily self-employed

(67.6%) or government employees (26%), whereas wives are predominantly housewives (69.6%), with limited shares in government employment (5.6%) and self-employment (24.8%). The mean age of participants is 32.36 years (SD = 7.20), indicating a young and mature sample. These characteristics suggest an urban-rural community with moderate education levels and traditional gender-based employment patterns, providing a suitable context for investigating family dynamics.

Descriptive statistics of the study variables are presented in **Table 2**.

Table 2

Descriptive indices (mean and standard deviation) of research variables among couples (N = 250)

Variable	Kurtosis	Skewness	Maximum – Minimum	Standard deviation	mean
Marital quality	-0.399	0.592	20-63	12.42	35.93
Agreement	-0.489	0.682	11-35	8.92	18.13
Satisfaction	0.656	0.686	7-21	5.84	11.102
Coherence	0.960	0.850	7-20	5.43	11.86
Intimacy	-0.292	-0.666	6-18	5.80	14.06
Sexual knowledge	-0.251	-0.039	11-38	8.13	23.96
Attachment style (secure)	-0.435	0.253	20-83	16.16	46.31

Table 2 presents the descriptive statistics for the key variables in the study. Marital quality scores averaged 35.93 (SD = 12.42),

with a moderate positive skewness (0.592) indicating a slight left-leaning distribution and platykurtic shape (-0.399), suggesting

variability in relationship perceptions. Agreement and satisfaction subscales showed means of 18.13 (SD = 8.92) and 11.10 (SD = 5.84), respectively, both with positive skewness (>0.68) and near-normal kurtosis, reflecting generally moderate levels with some higher outliers. Coherence averaged 11.86 (SD = 5.43), exhibiting the strongest positive skewness (0.850) and leptokurtic distribution (0.960), implying a concentration around lower values. Intimacy scores were higher at 14.06 (SD = 5.80), with negative skewness (-0.666) pointing to a right-leaning tail and platykurtic form. Sexual knowledge had a mean of 23.96 (SD = 8.13), nearly symmetric (skewness ≈ 0) and

platykurtic. Secure attachment style scored highest at 46.31 (SD = 16.16), with mild positive skewness (0.253) and platykurtic kurtosis, indicating a predominantly secure sample with moderate variability. Overall, the variables display acceptable ranges and distributions suitable for parametric analyses, highlighting average to above-average relational and attachment qualities in the sample.

Table 3 displays the Pearson correlation coefficients among marital quality, intimacy, sexual knowledge, and secure attachment in couples.

Table 3
Correlation matrix among predictor, mediating, and dependent variables in the final model

	1	2	3	4
1. Marital quality	1			
2. Intimacy	0.41**	1		
3. Sexual knowledge	0.20**	0.15**	1	
4. Attachment style (secure)	0.18*	0.15**	0.25**	1

* p < 0.05 ** p < 0.01

Table 3 displays the Pearson correlation coefficients among marital quality, intimacy, sexual knowledge, and secure attachment style. All associations are positive and statistically significant, with marital quality showing the strongest correlation with intimacy (r = 0.41, p < 0.01), followed by secure attachment (r = 0.25, p < 0.01) and sexual knowledge (r = 0.15, p < 0.01). Weaker but significant links emerge between intimacy and sexual knowledge (r = 0.20, p < 0.01), intimacy and secure attachment (r = 0.15, p < 0.01), and sexual knowledge and

secure attachment (r = 0.18, p < 0.05). These moderate positive correlations suggest interconnected relational factors, where higher intimacy and secure attachment may enhance marital quality, with sexual knowledge playing a supportive role, supporting the study's hypotheses on their interrelations.

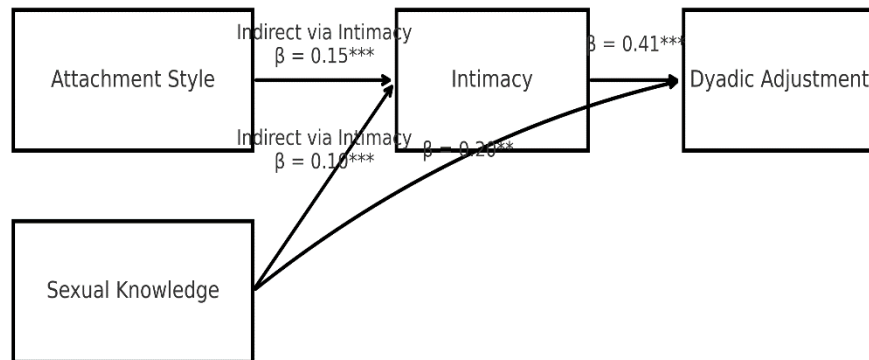
As shown in Table 4, the standardized coefficients and critical ratios for all paths in the revised (final) model were examined.

Table 4
Standardized coefficients of the modified (final) pattern paths

Path	Standard coefficients	Standard error	Critical ratio	Significance level (P)
Marital quality → Intimacy	0.32	0.00	4.09	<0.001
Marital quality → Agreement	0.05	0.00	0.47	0.625
Marital quality → Satisfaction	-0.22	0.16	-3.17	0.001
Marital quality → Coherence	-0.23	0.03	-3.57	<0.001
Marital quality → Extreme imitation	0.02	0.07	0.35	0.713
Marital quality → Attachment style	0.24	0.05	3.72	<0.001
Marital quality → Isolation	-0.19	0.46	-2.81	0.005
Marital quality → Sexual knowledge	-0.73	0.34	-6.94	<0.001
Intimacy → Attachment style	0.66	0.00	5.20	<0.001
Sexual knowledge → Attachment style	0.480	0.161	5.250	<0.001

Intimacy ($\beta = 0.41, p < .001$) and sexual knowledge ($\beta = 0.20, p < .01$) had direct effects on marital quality. Bootstrap analysis (2,000 samples) demonstrated that the

indirect effects of intimacy ($\beta = 0.15, CI = 0.09-0.22$) and sexual knowledge ($\beta = 0.10, CI = 0.04-0.17$) through attachment style were significant ($p < .001$).



Model Fit: $\chi^2/df = 2.15, GFI = 0.92, CFI = 0.94, RMSEA = 0.06$

Figure 2
Structural model with standardized path coefficients

The hypothesized structural model demonstrated acceptable fit indices ($\chi^2/df = 2.15$, GFI = 0.92, CFI = 0.94, RMSEA = 0.06), indicating a good fit to the data. As shown in Figure 2, intimacy had a significant direct effect on dyadic adjustment ($\beta = 0.41$, $p < .001$). Sexual knowledge also directly predicted dyadic adjustment ($\beta = 0.20$, $p < .01$).

Furthermore, the bootstrap test with 2000 resamples indicated significant indirect effects. Intimacy mediated the relationship between attachment style and dyadic adjustment ($\beta = 0.15$, 95% CI [0.09, 0.22], $p < .001$). In addition, intimacy mediated the association between sexual knowledge and dyadic adjustment ($\beta = 0.10$, 95% CI [0.04, 0.17], $p < .001$). These findings confirm both the direct and indirect pathways specified in the conceptual model.

4. Discussion

The present study demonstrated that intimacy, sexual knowledge, and attachment style play significant roles in predicting marital quality. Specifically, intimacy showed a strong positive association with marital quality, confirming that emotional closeness is a fundamental element of stable and satisfying relationships. This result is consistent with findings by King et al. (2022) and Greeley et al. (2021), who reported that intimacy fosters cohesion and reduces conflict, thereby improving overall relationship quality. In Iran, Nouranipour et al. (2017) also confirmed a strong positive correlation, suggesting that intimacy serves as a universal emotional factor underlying marital success across both Western and

Iranian cultural contexts. A possible explanation is that intimacy nurtures trust and emotional security, which in turn promote constructive communication and positive interactions between partners.

Sexual knowledge also emerged as a significant positive predictor of marital quality, although with a smaller effect size compared to previous studies. Torabi et al. (2023) in Iran highlighted the benefits of sexual education in enhancing marital satisfaction, while McCarthy (2021) reported a stronger association in Western contexts. The modest effect observed in the current study may be due to cultural taboos surrounding sexual topics in Iran, which limit open discussion and formal education in this domain. Consequently, sexual knowledge may have a constrained influence in more conservative societies, whereas its impact is more pronounced in contexts where sexual communication is socially accepted.

Attachment style further clarified the mechanisms through which intimacy and sexual knowledge contribute to marital quality. The mediating role of attachment is in line with Bowlby's (1988) theoretical framework and complements empirical studies such as Hosseini et al. (2021), who found a positive link between secure attachment and marital satisfaction in Iranian couples. The present findings extend this work by showing that secure attachment not only strengthens direct associations but also amplifies the indirect benefits of intimacy and sexual knowledge. This aligns with Fraley (2005), who emphasized that secure attachment enhances the effects of emotional

and relational resources, whereas insecure styles (anxious or avoidant) undermine them.

Taken together, these findings suggest that intimacy is a central emotional resource, sexual knowledge provides necessary cognitive skills, and secure attachment functions as a relational context in which these factors exert their maximum effect. The results converge with prior research on intimacy and attachment but diverge somewhat from international findings on sexual knowledge, highlighting the moderating role of cultural context. These results underscore the importance of addressing both emotional and educational aspects of marital relationships while fostering secure attachment patterns in couples counseling and educational interventions.

5. Conclusions

The findings of this study highlight intimacy, sexual knowledge, and attachment style as key determinants of marital quality. Intimacy emerged as the strongest predictor, underscoring its universal role in fostering emotional security and trust within couples. Sexual knowledge also contributed positively, though its effect appeared weaker in the Iranian context, pointing to the influence of cultural barriers on sexual communication and education. Importantly, the mediating role of attachment style clarified that secure attachment amplifies the benefits of both intimacy and sexual knowledge, while insecure styles may diminish them.

These findings contribute to the literature by integrating emotional, cognitive, and

relational factors in explaining marital quality and by emphasizing the cultural nuances of sexual knowledge. Practically, the results suggest that interventions aimed at improving marital relationships should not only strengthen intimacy and provide sexual education but also focus on fostering secure attachment patterns. Such integrated approaches can enhance marital quality and resilience, ultimately supporting the well-being of couples in both clinical and community settings.

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Conflict of interest

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Research Paper: Two Studies on the Meaning of Life and Aspirations from the Perspective of the Elderly



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Abstract

Objective: The present study was conducted in two studies with the aim of investigating the meaning of life and aspirations from the perspective of the elderly.

Methods: The first study was conducted with a qualitative approach and phenomenological method, and the second study was conducted with a quantitative approach and descriptive-survey method. The participants in both studies were the elderly in Rasht in 2024. In the first study, 10 of them were selected based on theoretical saturation of data and by a purposeful method and underwent semi-structured interviews. In the second study, 100 of them were selected by a convenience sampling method and responded to the Meaning in Life Questionnaire (MLQ) and the Aspiration Index (AI).

Finding: In the first study, the analysis of the interviews using the Colaizzi's method indicated three main themes of safety, self-transcendence, and love and affection, and nine sub-themes. The main theme of safety included the sub-themes of physical health, recreation and mental vitality, security, peace, and financial independence. The main theme of self-transcendence included sub-themes of satisfaction and personal growth. The main theme of love and affection included sub-themes of constructive interaction with others and happiness of others. Also, in the second study, consistent with the findings of the first study, it was observed that the elderly tend towards intrinsic aspirations and self-transcendence, such as maintaining health, seeking connection, spirituality, and social cooperation. No difference was observed between the two groups in terms of gender in the meaning of life and desires ($P > 0.05$).

Conclusion: Based on the findings, it can be concluded that it seems that with increasing age and entering the old age period, having a sense of inner satisfaction and wishing for the happiness of others takes priority.

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1. Introduction

Old age is one of the fundamental periods in life that is accompanied by a decrease in physical and mental capacity (Novak, 2018). During this period, social relationships become more limited and the elderly participate in fewer social activities than before, as a result, the possibility of using social support is also lost (Eskelinen et al., 2016). In this regard, Akhter-Khan et al. (2023) studied the concept of loneliness among the elderly and showed that social availability, contact, receiving care and support, intimacy and understanding, shared pleasure and interests, productivity and participation and respect are very important from the perspective of the elderly. Bereavement, retirement, loss of a life partner and a decrease in physical ability lead the elderly to isolation, which is very painful (Whelen et al., 2016). The occurrence of these unfortunate events exposes the elderly to psychological distress (Bergmana et al., 2018).

The greatest feeling a human being can experience is that life has meaning or purpose (Yalom, 2020). Meaning in life is a cognitive system that includes physical, psychological, social, and religious dimensions and is formed individually (Krause and Rainville, 2020). Meaning in life influences the choice of activities and goals and gives life a sense of purpose, personal value, and fulfillment (Wnuk et al., 2012). Meaning in life varies across the lifespan, with some suggesting that life events and increasing age change a person's understanding of the meaning of life, while others believe that older age increases a person's sense of the meaning of

life (Schnell, 2009). Although meaning in life is essential at all stages of life, Erikson's theory of psychosocial development emphasizes the importance of meaning in life during old age and assumes that in the eighth stage, older people face an integration crisis versus despair about whether their lives are meaningful (Orenstein & Lewis, 2022).

Today's societies have stereotypical images of loneliness and meaninglessness in old age, which cause older people to have a negative view of the future (Laceulle & Baars, 2014). Physical, social, and psychological impairments in old age also deprive older people of important sources of meaning in their lives (Baumeister, 1991). In addition, loneliness caused by age also causes a loss of meaning in life (Derckx et al., 2019; Sjöberg et al., 2018). Meaning in life is a protective factor in promoting resilience to the adversities that older adults face (Ryff & Singer, 1998). The search for meaning in life allows older adults to cope with the challenges that have come their way over the years, to transform adversities into moments of human growth and disappointments into well-being, and ultimately to contribute to the transformation of their personal lives. Positive relationships, such as family, romantic partners, and friends, have been shown to be the most important source of meaning in life for older adults (Machielse, 2024).

In general, the developmental characteristics of aging make this period of life a distinct period in the field of meaning of life. We need to know from what sources the sense of meaning of life is provided and, in other words, what areas and factors give

meaning to an individual's life in the aging period (Ahmadi et al., 2017). Studies conducted in this field have shown a correlation between meaning of life and physical health, emotional adjustment (Isaia et al., 1999), and depression (Zhang et al., 2024; Volkert et al., 2019) in the elderly. Also, meaning of life leads to greater participation of the elderly in physical activities (Ju, 2017) and has consequences for the quality of life of the elderly, such as longevity and well-being (Takkinen & Ruoppila, 2001). In studies, the meaning of life has been associated with physical health, positive attitudes towards others, physical activity, interaction with others, high socioeconomic level, personal relationships, activities and a sense of control, a sense of coherence and enthusiasm for life (Ju, 2017; Takkinen & Ruoppila, 2001; Zhao & Yin, 2024). Therefore, considering the limitations of old age, the presence of meaning in the lives of the elderly is an important factor for continuing to live.

On the other hand, aspiration is a conscious or unconscious tendency to obtain a desired object (Kasser & Ryan, 2001). Human aspirations to some extent reflect the cultural and economic conditions of society and also reflect the thoughts of individuals in society and their mindset towards the future. Therefore, understanding aspirations helps to understand today's society and predict the future (Brdar et al., 2009). As the elderly age, they withdraw from some activities and their physical capacities decrease, which leads to the individual's incompatibility with the situation and even with themselves. Having a lifelong aspiration and goal is positively

related to mental health, because it makes the present and past life meaningful and strengthens the ability to cope with sources of stress (Kasser & Ryan, 1993, 2001). One of the characteristics of healthy people is having goals, plans, and aspirations for their future and trying to achieve these goals and aspirations. It has been shown that people's aspirations and values change over time. For example, Ab Hamid et al. (2021) and Morgan and Robinson (2013) showed that most elderly people have strong family values and prefer relationships with family members and helping others over other aspirations.

Considering the above-mentioned material and the limited amount of domestic and foreign research on the meaning of life and aspirations from the perspective of the elderly, the present study was conducted in two studies with the aim of investigating the meaning of life and aspirations from the perspective of the elderly.

2. Methods

2.1. Statistical Population, Sample, and Sampling Method

The research method in the first study was qualitative and phenomenological, and in the second study, quantitative and descriptive-survey. The participants in the first study were ten elderly people from Rasht in 2024 who were selected through purposive sampling (taking into account criteria such as being at least 60 years old, willing to participate in the research, living in their own home, and not having severe physical or mental illnesses) and were selected until theoretical saturation of the data. In the second study, 100 elderly people were

selected through convenience sampling. In the first study, semi-structured interviews were used.

2.2. Instrument

Semi-Structured interview: A semi-structured interview is a method that combines a set of open-ended and predetermined questions that encourage discussion. The interviews lasted between 38 and 94 minutes. Some of the interview questions were: What do you see as the meaning of life? In your opinion, what is life for? What gives meaning to your life? What values and aspirations are you looking for? What aspirations are worth living for? What values should young people look for in life? The following questionnaires were used in the second study:

Meaning in Life Questionnaire (MLQ; Steger et al., 2006): The Meaning in Life Questionnaire (Steger et al., 2006) measures two dimensions of meaning in life, namely the presence of meaning and the search for meaning, using 10 items based on a seven-point Likert scale from completely false (1) to completely true (7). The questionnaire takes approximately 3-5 minutes to complete. Research indicates the reliability and stability of the questionnaire scores and its convergent and convergent validity (Steger & Kashdan, 2007; Steger et al., 2006; Steger et al., 2008). For example, both subscales have been reported to have very good internal consistency (alpha coefficients between 82% and 87%) (Steger et al., 2006) and have achieved good test-retest reliability (70% for the presence subscale and 0.73 for the search subscale) at a one-month interval (Steger et

al., 2006). The scoring key for the questionnaire is that items 1, 5, 4, 6, and 9 are assigned to the presence subscale. To score this subscale, subtract the rating for item 9 from the rating for item 8 and then add it to the ratings for items 1, 5, 4, and 6. The range of scores is from 5 to 35. Items 2, 3, 7, 8, and 10 are assigned to the search subscale. To score this subscale, add the ratings for these items together. The range of scores is from 5 to 35. It is up to 35.

Aspiration Index (AI; Grouzet et al., 2005): The initial version of the Aspiration Index had 105 items and was developed by Kasser and Ryan (1996). This index consists of two second-level factors (intrinsic and extrinsic aspirations), the intrinsic aspirations factor consisting of four first-order factors (personal growth, intimate and committed relationships with others, social cooperation and collaboration, and maintaining physical health) and the extrinsic aspirations factor consisting of three first-order factors (wealth, fame, and image). Respondents were asked to answer questions related to these seven desires on a 7-point Likert scale (1=not at all, 7=very much). Kasser and Ryan (1996) found internal consistency for the importance and likelihood of achieving intrinsic and extrinsic aspirations to be 0.59, 0.87, 0.68, and 0.86 in two studies. In the study of SabzehAra Langaroudi et al. (2014), in addition to examining the factor structure and convergent and divergent validity of the index in Iranian culture, the internal

consistency of the importance, probability of achievement, and degree of achievement of intrinsic aspirations was reported to be 0.86, 0.87, and 0.88, respectively, and the importance, probability of achievement, and degree of achievement of extrinsic aspirations were reported to be 0.87, 0.84, and 0.84, respectively. Grouzet et al. (2005) studied 1,854 students from 15 different cultures, examining 7 previous desires that were in the two intrinsic and extrinsic dimensions, along with 4 new goals, with the goals of further generalizing intrinsic and extrinsic aspirations in cultures with different social and economic characteristics, identifying further distinctions between intrinsic and extrinsic goals, and identifying goals and dimensions beyond the 7 aspirations and 2 intrinsic and extrinsic dimensions presented in the Aspirations Index (1996). In the Aspirations Index (2005), which consists of 47 items, the respondent is presented with 11 aspirations in two bipolar dimensions, intrinsic-extrinsic and self-self-transcendence, and must rate the importance of each goal on a 9-point scale (1 = not at all, 9 = extremely). 8 aspirations are adapted from previous studies and measure the domains of financial success (4 items), image (5 items), fame (4 items), self-acceptance (8 items), affiliation (6 items), social feeling (4 items), physical health (5 items), and spirituality (6 items). However, 3 new goals have also been created, which

include conformity (5 items), security (5 items), and hedonism (5 items). In the study by Grouzet et al (2005), in addition to confirming the internal consistency of the factors, it was shown by extracting 47 items that the previous 7 aspirations were still placed in the two intrinsic and extrinsic dimensions, although the aspiration for social cooperation, in addition to being placed in the intrinsic dimension, showed a tendency towards the self-transcendence dimension. While the two aspirations for health and financial success, in addition to being placed in the intrinsic and extrinsic dimensions, showed a tendency towards the physical-self dimension. Among the 4 new aspirations, the spirituality was placed in the self-transcendence dimension and the hedonism was placed in the physical-self dimension, the security also showed a tendency towards the intrinsic and physical-self dimensions, and the conformity also showed a tendency towards the external and self-transcendence dimensions. In the study by SabzehAra Langaroudi et al. (2015), the internal consistency of the importance and probability of achieving extrinsic aspirations was 0.87 and 0.88, the importance and probability of achieving intrinsic aspirations was 0.90 and 0.90, the importance and probability of achieving physical-self aspirations was 0.84 and 0.83, and the importance and probability of achieving self-transcendence aspirations was 0.92 and 0.91.

3. Results

The information of the participants in the first study is presented in [Table 1](#).

Table 1

Demographic information of the participants in the first study

Rank	Gender	Age	Marital status	Education level
1	Male	67	Married	Master's degree
2	Male	64	Married	Ph.D.
3	Female	65	Widowed	Ph.D.
4	Female	66	Married	Bachelor's degree
5	Female	66	Married	Master's degree
6	Female	71	Widowed	Diploma
7	Male	70	Married	Bachelor's degree
8	Female	64	Married	Bachelor's degree
9	Female	65	Married	Bachelor's degree
10	Male	88	Widowed	Below diploma

The mean age of the sample members in the second study was 67.52 with a standard deviation of 4.21. The frequency and

percentage frequency of the sample members by gender are presented in [Table 2](#).

Table 2

Frequency and percentage of gender of sample members in the second study

Gender	Frequency	Percentage
Female	79	79
Male	21	21
Total	100	100

The findings from the coding of the interviews using the Colaizzi's method indicated three main themes of health, self-transcendence, and love and affection, and nine sub-themes. The main theme of being safe included the sub-themes of physical health, recreation and mental vitality, security, peace, and financial independence.

The main theme of self-transcendence included the sub-themes of satisfaction and personal growth. The main theme of love and affection included the sub-themes of constructive interaction with others and the happiness of others. The main and sub-themes are presented in [Table 3](#).

Table 3

Main and sub-themes derived from the analysis of interviews in the first study

Main themes	Sub-themes				
Safety	Physical health	Recreation and mental vitality	Security	Peace	Financial independence
Self-transcendence	satisfaction	personal growth			
Love and affection	Constructive interaction with others	Happiness of others			

The following are some of the statements that the participants made as examples.

Safety

Physical health: Participant number 4 said: “To be calm and to take great care of my health.”

recreation and mental vitality: Participant number 1 said: “The wish for a better and happier future and a more comfortable life.”

Security: Participant number 3 said: “The meaning of life for me is to have a sense of peace and mental security.”

Peace: Participant number 4 said: “Success, happiness, health and peace of my loved ones.”

Financial Independence: Participant No. 5 said: “To have financial independence.”

Participant No. 6 said: “I wish everyone health and wealth...”

Self-transcendence

Satisfaction: Participant No. 1 said: “We must satisfy ourselves to the extent of our needs. Perhaps those who have achieved their desires and wishes overnight have perished.”

Personal Growth: Participant No. 1 said: “Seeking knowledge and freedom from materialistic regrets and being satisfied.”

Love and Affection

Constructive Interaction with Others: Participant No. 5 said: “The meaning of life depends on the way people look at and experience it. For me, life with new experiences, communication and constructive interaction with other people is meaningful. That with the help of others we can build a better world and also gain a sense of satisfaction.”

Happiness of Others: Participant No. 2 said: “Currently, my wish includes my family and society. My children’s increasing success in their academic, career, and personal lives. I wish the best, health and happiness to the people and youth of my country. May prosperity and security be provided in all areas.”

The mean and standard deviation of the meaning of life and aspirations are presented in [Table 4](#).

Table 4

Mean and standard deviation of meaning of life and desires in the second study

Variable	Mean	Standard Deviation
Meaning in life	65.08	3.48
Financial success	19.02	0.89
Image	14.06	1.67
Fame	11.05	0.96
Self-acceptance	28.03	1.47
Affiliation	29.06	0.85
Social feeling	31.01	0.87
Physical health	33.07	1.76
Spirituality	30.02	0.91
Conformity	13.06	1.60
Security	24.04	0.85
Hedonism	15.01	1.76
Extrinsic aspirations	35.04	4.30
Intrinsic aspirations	82.02	2.58
Physical-self aspirations	41.98	3.74
Self-transcendence aspirations	93.50	2.46

As can be seen in Table 4, the mean of meaning in life in the elderly is above average. Among the aspirations, the mean of the aspirations for self-acceptance, affiliation, social feeling, physical health, spirituality and security, and the category of Intrinsic aspirations and self-transcendence are also above average. This shows that the elderly are looking for meaning in life and tend more towards aspirations that are in line

with personal growth, spirituality and supporting others. These quantitative findings are in line with the qualitative findings obtained in the first study.

The two-sample t-test to examine the differences between male and female elderly in the meaning of life and aspirations is presented in Table 5.

Table 5

Two-sample t-test to examine the differences between male and female elderly people in the meaning in life and aspirations

Variable	Group	Mean	T	Significance level
Meaning in life	Women	67.08	0.39	0.21
	Men	64.01		
Financial success	Women	20.86	0.42	0.19
	Men	27.18		
image	Women	20.67	1.27	0.10
	Men	11.02		
Fame	Women	10.34	0.86	0.15
	Men	15.67		
Self-acceptance	Women	29.41	0.49	0.17

Affiliation	Men	26.49	0.34	0.23
	Women	31.43		
Social feeling	Men	24.26	0.40	0.18
	Women	35.14		
Physical health	Men	29.07	1/17	0.13
	Women	35.93		
spirituality	Men	34.46	0.09	0.37
	Women	31.11		
Conformity	Men	29.71	0.17	0.33
	Women	17.01		
security	Men	14.38	0.36	0.21
	Women	25.69		
Hedonism	Men	23.52	1.15	0.13
	Women	10.87		
Extrinsic aspirations	Men	16.37	0.50	0.16
	Women	36.15		
Intrinsic aspirations	Men	34.27	1.43	0.08
	Women	84.23		
Physical-self aspirations	Men	81.47	1.94	0.06
	Women	47.29		
Self-transcendence aspirations	Men	40.55	0.75	0.12
	Women	94.359		
	Men	98.37		

As can be seen in Table 5, there is no significant difference between the two genders in terms of meaning of life and aspirations.

4. Discussion

The findings obtained in the first study indicated three main themes of health, self-transcendence, and love and affection, and nine sub-themes. The main theme of safety included the sub-themes of physical health, recreation and mental vitality, security, peace, and financial independence. The main theme of self-transcendence included the sub-themes of satisfaction and personal growth. The main theme of love and affection included the sub-themes of constructive interaction with others and the happiness of others. In the second study, it was also

observed that the average of the meaning in life in the elderly is higher than the average. Among the aspirations, the average of the aspirations for self-acceptance, affiliation, social feeling, physical health, spirituality, and security, and the category of intrinsic aspirations and self-transcendence are higher than the average. This indicates that the elderly are looking for the meaning in life and are more inclined towards aspirations that are in line with personal growth, spirituality, and support for others. These quantitative findings are in accordance with the qualitative findings obtained in the first study.

This finding is consistent with the research of [Abedi et al. \(2016\)](#), [SabzehAra Langaroudi et al. \(2014\)](#), [Ahmadi et al.](#)

(2017), Orang et al. (2018), Ghadampour et al. (2018), Mohamadpour et al. (2019), Tayefi Nasrabadi et al. (2020), Mohammadpour et al. (2019), Hassanzadeh (2020), Romero et al. (2012), Visser and Pozzebon (2013), Takuma and Takashi (2015), Musich et al. (2018), Krause and Rainville (2020), Vanessa Alonso et al. (2023), Ayhan (2023), Shi et al. (2023), Ayunin and Putri (2024), and Zhang et al. (2024). For example, Orang et al. (2018) studied the meaning of life and psychological well-being in three groups: youth, adults, and the elderly, and showed that age can increase the meaning of life and psychological well-being. These researchers concluded that old age can be considered a period of self-reflection and self-evaluation, and that it can be considered a continuation of life, a time of growth, prosperity, and peace. Mohamadpour et al. (2019) studied the analysis of the components of meaning of life in the elderly and came to 4 final themes: spiritual transcendence, attention and importance to oneself, exchange of love, and social dynamics. Tayefi Nasrabadi et al. (2019) studied the meaning of life of elderly people living in nursing homes and came to 11 main categories: belief in God and the afterlife, entertainment, life before marriage, life after marriage, communication, pleasures, dealing with the new generation, concerns, hopes, health, and definition of life. Mohammadpour et al. (2019) analyzed the meaning of life in the elderly and found four main themes: spiritual elevation, self-care, love exchange, and social dynamics. Musich et al. (2018) found that elderly people with high purposefulness were significantly less

likely to need to spend money on health care and also had a higher quality of life. Purposefulness in life was also strongly associated with physical and mental health in older adults. Krause and Rainville (2020) showed that for Muslims, social support acts as a mediating variable between aging and meaning in life, and finding a sense of meaning in life can be facilitated by the presence of social networks supporting older people. Ayhan (2023) showed that there was no significant difference between hopelessness, self-efficacy, and meaning in life in the perspectives of elderly women and men. There was also a negative relationship and a significant difference between hopelessness of the elderly and their perception of the meaning of life. Ayunin and Putri (2024) conducted a qualitative study to examine the concept of meaning in life among the elderly in Indonesia and showed that the elderly have a meaningful life. Zhang et al. (2024) also showed in their study that the meaning of life among the elderly is at a medium to high level.

In explaining these findings, it can be said that the elderly seem to have reached a sense of meaning and for them at this age, the feeling of satisfaction and happiness of others is more important. All the elderly participating in this study also sought the happiness and happiness of family members and other members of society. In accordance with Erikson's theory, an individual goes beyond personal concerns over the course of life and moves towards being productive for society and a sense of integration and coherence (Orenstein & Lewis, 2022). Therefore, for other elderly people, achieving

extrinsic or physical aspirations, such as fame or hedonism, becomes less important, and personal growth, self-acceptance, and helping others become more important. These aspirations to strengthen social relationships can also be due to a decrease in physical and intellectual abilities. Because with age, changes such as hearing and vision loss, memory loss, disability, difficulty in getting around, and the loss of family and friends can make it difficult to maintain social connections. This makes older people more socially isolated or lonely (Hupkens et al., 2018). Therefore, all study participants were also observed to seek to strengthen their social relationships. The socio-emotional selectivity theory states that older people strive to satisfy emotional needs through work and deeper interpersonal relationships with others. Studies have also shown that meaningful work is vital for older workers, which is associated with higher motivation, increased meaningful relationships, and overall well-being. Conversely, losing a job due to retirement may have adverse effects on meaning in life (Froidevaux & Hirschi, 2015).

This study was conducted on older people in Rasht, and caution should be exercised in generalizing its findings to other groups. In a qualitative study, the subjective judgments of the researcher have been influential in reaching the findings. In addition, the non-random sampling method in both studies can create bias in the selection of participants. Given this finding in the qualitative study, which showed that the elderly emphasize concepts such as health, self-transcendence, and love and affection, it is suggested that

these main concerns of the elderly period be considered by families or managers of organizations and centers related to the elderly. In addition, given this finding in the quantitative study, which showed that the meaning of life and the importance of intrinsic aspirations and self-transcendence in the elderly are above average, it is suggested that the formation of therapeutic groups based on the meaning of life and aspirations can help improve the quality of life of the elderly.

5. Conclusion

The findings of this study showed that with increasing age and entering the old age period, having a sense of inner satisfaction and aspiration for the happiness of others takes priority.

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Conflicts of Interest

No conflict of interest has been reported.

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Research Paper: Factors Affecting Decision Making for Oocyte Cryopreservation and its Psychological and Social Consequences: A Phenomenological Research



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Abstract

Objective: This study aimed to explore women's lived experiences regarding the psychosocial consequences of oocyte cryopreservation.

Methods: A descriptive phenomenological approach was adopted. Through employing purposive sampling, 15 women with oocyte cryopreservation experience were selected. Data were collected through semi-structured interviews and analyzed using Colaizzi's seven-step method. The study's population consisted of women aged 26–40 years who had undergone oocyte cryopreservation. Purposive sampling was employed to recruit participants from obstetrics and gynecology centers specializing in fertility preservation.

Findings: The analysis revealed two main categories: psychological consequences and social consequences. Psychological consequences included five subcategories: anxiety, reduced fear of the future, mental order, reduced financial worries, and decreased psychological pressure. Social consequences comprised three subcategories: criticism and opposition from others, cultural pressures, and social role and identity.

Conclusion: The findings indicated that women who chose oocyte cryopreservation generally made informed decisions and experienced relative internal satisfaction. However, they often faced social challenges, including cultural resistance and opposition from their social circles. It is essential to promote broader cultural awareness and acceptance to reduce social interference and support women's autonomous reproductive choices.

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1. Introduction

Oocyte cryopreservation is a method to preserve women's eggs (oocytes). This method is used to postpone pregnancy (Walker et al., 2022). In fact, this method is very useful for women who currently do not have the conditions to get pregnant due to various reasons such as physical and psychological diseases, disagreements with their spouses, financial conditions, or even not finding a suitable life partner (Pai et al., 2021). In such a situation, their oocytes are stored, and when the conditions for pregnancy are met, and they want to get pregnant, the oocytes can be taken out of the frozen state, fertilized, and transferred to the uterus as embryos. Several studies have shown that most infertility problems are due to the deterioration of germ cells associated with aging (Tharasanit & Thuwanut, 2021). The success rate of this method varies depending on the age of the woman, and its probability is higher in younger and mature women (Chronopoulou et al., 2021). Oocyte freezing can increase the chances of future pregnancy for three key groups of women: 1. People who have cancer and have not yet started chemotherapy or radiotherapy, 2. People who are being treated with assisted reproductive technologies and embryo preservation can help them; 3. People who want to preserve their ability to have children in the future (Whaley et al., 2021). Correspondingly, oocyte cryopreservation is an option for oocyte donation to help other people's fertility. In addition, women with a family history of premature menopause may be interested in fertility preservation to

preserve viable oocytes that may have problems in the future (Cao et al., 2022).

Oocyte cryopreservation is considered a valuable practice for several reasons, including the fact that oocyte cryopreservation allows women to preserve their fertility by storing their oocytes at a young age and having higher quality oocytes. It can be useful for women who are not yet ready to start a family but want to increase their chances of having children in the future (Giannopapa et al., 2022). In today's society, more women delay childbearing for various reasons, such as career advancement, financial stability, or finding a suitable life partner. Oocyte cryopreservation allows women to preserve their fertility and have children in the future (Tharasanit & Thuwanut, 2021).

Women with genetic disorders that may affect their fertility can benefit from oocyte cryopreservation to preserve their healthy oocytes for future use (Cao et al., 2022). Oocyte cryopreservation gives women more control over their fertility choices and timing and provides a sense of empowerment and flexibility in family planning (Seyhan et al., 2021).

However, oocyte cryopreservation is a practice that, like many methods in the field of fertility, has various social and psychological consequences for the people. From a psychological point of view, the decision to preserve oocytes can bring a wide range of emotions. Some women may experience a sense of empowerment because they have taken preventive measures to preserve their fertility. However, others may

feel anxiety, stress, and pressure related to fertility and future family planning (Yee et al., 2021). There may be social expectations or personal concerns about age-related fertility decline that intensify these feelings. In addition, the oocyte retrieval process and the uncertainty of success can also be emotionally challenging for some women (Tsafrir & Hyman, 2023).

From a social point of view, oocyte cryopreservation can have consequences on personal relationships and social norms. Women who decide to preserve their oocytes may face judgment or opposition from others who do not understand or support their decision (Özöztürk & Çiçek, 2024). There may be cultural opposition or taboos regarding fertility treatments or assisted reproduction that can affect women's social interactions and self-esteem. In addition, the cost of oocyte freezing and potential fertility treatments in the future can create financial consequences that may affect the dynamics and social relations (Stevenson et al., 2021).

Additionally, the decision to preserve oocytes can raise questions about traditional gender roles and expectations. Some may consider oocyte cryopreservation as a way for women to prioritize career or personal goals over starting a family at a younger age (Jones et al., 2020). This may challenge social norms about motherhood and femininity and lead to complex feelings of identity and belonging. Women who choose oocyte cryopreservation may also pursue conversations about family planning with family members and friends, which can introduce new dynamics and considerations into their relationships (Özöztürk & Çiçek,

2024). As a result, the psychological and social consequences of oocyte freezing are multifaceted and can be different from one person to another. Therefore, the purpose of this research is to examine women's lived experience of the psychological and social consequences of oocyte cryopreservation.

2. Methods

This qualitative study employed a descriptive phenomenological approach to explore women's lived experiences regarding the psychological and social consequences of oocyte cryopreservation.

Data collection and analysis were conducted in 2023. The research method is presented in three distinct subsections.

2.1. Population, Sample, and Sampling Method

The target population of this study consisted of women who had undergone oocyte cryopreservation in Iran. A purposive sampling method was used to select participants who could provide rich, in-depth insights into the phenomenon under investigation. The final sample included 15 women aged between 26 and 38 years. The inclusion criteria were: being a woman, having direct experience with oocyte cryopreservation, being between 25 and 40 years of age, willingness to participate voluntarily, and the ability to articulate their lived experiences.

2.2. Research Instrument

The primary instrument for data collection was a semi-structured in-depth interview. An interview guide was developed to ensure consistency, while allowing flexibility to explore emerging themes. The guide

included open-ended questions designed to elicit detailed narratives. Core questions explored participants' decision-making processes, psychological experiences (e.g., anxiety, peace of mind), social interactions and consequences, and the physical journey of oocyte cryopreservation. Each interview lasted between 30 to 90 minutes, continuing until data saturation was achieved. All interviews were audio-recorded with permission and later transcribed verbatim for analysis. Some common questions in all interviews were as follows:

1. What factors and reasons made you decide to preserve oocytes?
2. What were the psychological consequences of oocyte cryopreservation for you?
3. How did you deal with stress and anxiety before and after oocyte cryopreservation?
4. What experiences did you have in the physical and emotional steps of oocyte cryopreservation?
5. Did you have a feeling of changing the attitude of the society and those around you towards this decision?
6. Did you experience financial or other challenges in oocyte cryopreservation?
7. How did you improve your attitude in discussing this decision with your partner, family and friends?
8. Has the decision to preserve oocytes affected your attitudes and expectations of married and family life?
9. How did you deal with the potential and fears of oocyte cryopreservation?
10. What suggestions do you have for other women looking to preserve oocytes?
11. How did you get to know about oocyte freezing and what is your family's education and financial level?
12. What are the result of this action spiritually and religiously?
13. Was the family aware of your decision, and how supportive, opposing, and rejecting were they?

2.3. Research Procedure

The procedure for conducting the research involved several key steps. First, to recruit participants, the researcher referred to specialized obstetrics and gynecology centers that perform oocyte cryopreservation. Potential participants who met the inclusion criteria were identified and invited to participate.

Prior to each interview, the researcher explained the study's purpose, ensured participants of data confidentiality and anonymity, and obtained written informed consent. Ethical considerations were strictly adhered to throughout the study. Participants were assured that their participation was voluntary, they could withdraw at any time without consequences, and all personal information would remain confidential. The study protocol emphasized the respect for participants' rights and welfare.

Following data collection, the interview transcripts were analyzed using Colaizzi's (1978) seven-step phenomenological method. The steps included: (1) reading all participants' descriptions to gain a sense of the whole, (2) extracting significant

statements and phrases, (3) formulating meanings from these significant statements, (4) organizing formulated meanings into thematic clusters and categories, (5) developing an exhaustive description of the phenomenon, (6) producing a fundamental structure of the experience, and (7) returning to participants for validation (member checking) to ensure the findings' trustworthiness. Additionally, expert professors in qualitative research were consulted to review and confirm the analysis process, enhancing the study's reliability.

3. Findings

Table (1) presents the demographic profile of the 15 participants in this phenomenological study. The participants were women who had undergone oocyte cryopreservation, selected through purposive sampling. Their ages ranged from 26 to 40 years, encompassing a variety of educational backgrounds and marital statuses. This diversity provides a broad perspective on the lived experiences related to the psychosocial consequences of oocyte cryopreservation within the Iranian context. Pseudonyms are used to protect participant confidentiality.

Table 1
Demographic characteristics of the interviewees

No.	Name	Age	Education	Marital status
1	Parvaneh H.	30	Bachelor	Married
2	Hora H.	26	Bachelor	Married
3	Fatemeh S.	30	Bachelor	Married
4	Fatemeh R.	31	Bachelor	Married
5	Roya P.	32	Diploma	Married
6	Niloofar S.	34	Bachelor	Married
7	Zahra H.	38	Bachelor	Single
8	Fatemeh M.	38	Bachelor	Single
9	Arezo H.	30	Master	Single
10	Leila H.	36	Bachelor	Divorced
11	Marzieh D.	34	Master	Single
12	Rojin A.	39	Ph.D.	Single
13	Shima S.	33	Ph.D.	Single
14	Parvan S.	40	Ph.D.	Divorced
15	Fatemeh A.	33	Master	Single

As shown in Table (1), the sample comprised 15 participants with a mean age of 33.2 years (range: 26–40). The group was highly educated, with 93.3% holding a university degree, and exhibited diversity in marital status, with 40% married, 46.7% single, and 13.3% divorced. This demographic diversity provides a suitable

context for examining the diverse experiences of women in the oocyte cryopreservation process, the results of which are reported in Table (2).

This analysis of participants' lived experiences revealed two main components influencing the decision to undergo oocyte

cryopreservation and its psychosocial consequences:

Table 2
Components, Subcomponents, and Related Interview Questions

Main Component	Subcomponent	Related Interview Questions
Social Factors Affecting the Decision	1. Criticism and Opposition from Others	5, 7, 13
	2. Cultural Pressures	5, 7, 8, 11, 13
	3. Social Role and Identity	1, 5, 7, 8, 13
Dual Emotional Experience Associated with Oocyte Cryopreservation	1. Anxiety Before the Decision (including: Fear of future infertility, Fear of uncertain outcomes, Fear of physical procedure, Fear of social judgment, Fear of financial burden)	1, 2, 3, 4, 6, 9
	2. Peace of Mind After the Procedure (including: Overcoming fear of the future, Mental order, Reducing financial worries, Hope for the future)	1, 2, 3, 8, 9, 10

Following [Table \(1\)](#), a detailed explanation of each component and subcomponent was provided, supported by participants' direct quotations.

Detailed Explanation of Components and Subcomponents

1. Social Factors Affecting the Decision to Undergo Oocyte Cryopreservation

This component encompasses the external, interpersonal, and societal influences that participants navigated when considering and proceeding with oocyte cryopreservation.

1.1. Criticism and Opposition from Others: Participants frequently encountered negative reactions, judgment, and a lack of understanding from their immediate social circles, particularly family members. This opposition often stemmed from traditional beliefs, religious viewpoints, or a simple lack of awareness about fertility preservation.

Participants' Experiences: Many described keeping their decision a secret to avoid conflict. One participant noted, "*We didn't tell anyone except our immediate*

family... their reaction wasn't positive... our parents were genuinely upset." Another shared the religious perspective they faced: *"The older generation sees this as interfering with what they believe to be God's will."* Pressure to conform to traditional paths was common, as expressed by one woman: *"My mother keeps saying that... I should focus on marrying early so I can have children naturally."*

1.2. Cultural Pressures: This subcomponent reflects the broader societal and cultural norms that created a challenging environment for the participants. In the studied cultural context, strong emphasis is placed on natural conception within marriage, and deviations from this path are often stigmatized.

Participants' Experiences: Participants highlighted deep-seated cultural taboos, especially concerning single women. One stated, *"According to people, if a single girl does this, it is not accepted at all because losing her virginity for any reason is unacceptable."* The primacy of motherhood as a woman's core identity was a recurring pressure: *"In our culture, motherhood is seen as a core value. If a woman doesn't become a mother, it's considered a failure."* Participants also reported being labeled as "selfish" or "strange" for prioritizing education or career.

1.3. Social Role and Identity: Participants described a tension between evolving personal identities—which included educational pursuits, careers, and personal independence—and the traditional social roles expected of them (primarily being a

wife and a mother). Their decision to freeze oocytes was often a strategic move to align their reproductive timeline with their broader life goals.

Participants' Experiences: Many women cited career and personal development as reasons for delaying childbearing. One participant explained, *"I have personal goals I'm passionate about, and I didn't want becoming a mother to stop me from reaching them."* Another mentioned financial independence: *"I work full-time, and if I didn't, we'd face financial challenges—so we decided to postpone having children."* However, this redefinition of identity was often met with resistance, as others questioned their priorities: *"When they found out... they said that you have moved away from being a woman and your main role."*

2. Dual Emotional Experience Associated with Oocyte Cryopreservation

This component captures the profound and often contradictory psychological journey participants underwent, characterized by significant anxiety prior to the procedure followed by a sense of relief and empowerment afterward.

2.1. Anxiety Before the Decision: This multifaceted anxiety was the most prominent psychological experience prior to the procedure. It stemmed from several interconnected fears:

Fear of Future Infertility: Concerns about age-related fertility decline or medical conditions (e.g., family history of early menopause, cancer diagnosis) were primary motivators laced with worry. *"What worried*

me was that the menopause age... is genetically low... this fear made me decide to do this."

Fear of Uncertain Outcomes: Doubts about the success of the procedure and the future usability of oocytes created significant distress. *"I was unsure about the outcome of this process, and that uncertainty made me anxious."*

Fear of the Physical Procedure: Apprehension about the hormonal injections, egg retrieval process, and potential side effects was common. *"I was a little afraid of its side effects... The drugs messed me up a lot; I was stressed, scared, and aggressive."*

Fear of Social Judgment: The anxiety of being judged or pitied by others, including clinic staff, was palpable. *"When I was standing in the drug queue... it was like a disgrace to me, and I was very annoyed by the looks of others."*

Fear of Financial Burden: The high, often uninsured costs of the procedure and storage were a major source of stress. *"Because this work was not covered by insurance, the expenses were very heavy for me."*

2.2. Peace of Mind After the Procedure: Despite the preceding anxiety, completing oocyte cryopreservation led to a notable positive shift in psychological state for most participants. This peace of mind manifested in several ways:

Overcoming Fear of the Future: The procedure provided a sense of security and control over their reproductive timeline. *"I'm truly happy with the decision I made... It gave*

me peace of mind that I could plan for motherhood on my own terms."

Mental Order: Participants described a newfound clarity and structure in their life plans. *"Ever since I did this, my mind has been calmer and more organized because I know my life plan."*

Reducing Financial Worries (Contextual): While the cost itself was a stressor, completing the procedure allowed couples to postpone childbearing until greater financial stability was achieved, thus alleviating a longer-term worry. *"We truly want to have children, but only when our financial situation becomes more stable."*

Hope for the Future: The act of preservation itself instilled a sense of optimism and possibility. *"In the midst of all these fears and uncertainties, I have a sense of hope... This is a decision... made with all my heart and great hope for the future."*

4. Discussion

This study aimed to explore the psychosocial consequences of oocyte cryopreservation by examining the lived experiences of women who have undergone this procedure, employing a descriptive phenomenological approach.

The analysis revealed two central, interrelated dimensions of the participants' experiences: psychological consequences and social consequences. The psychological dimension was characterized by a distinct temporal trajectory. The decision-making and procedural phases were marked by significant, multifaceted anxiety stemming from fears of future infertility,

uncertainty regarding medical outcomes, apprehension about the physical process, concerns over social judgment, and financial burdens. Crucially, following the completion of cryopreservation, a pronounced positive shift was observed. Participants predominantly reported a mitigation of future-oriented fears, an enhanced sense of mental order and control, a contextual alleviation of long-term financial planning worries related to childbearing timing, and an overall reduction in psychological pressure. This transition indicates that the procedure served as a pivotal psychological intervention, converting diffuse anxieties into a structured, managed plan.

Conversely, the social dimension was predominantly challenging. Participants navigated frequent criticism and opposition from immediate social circles, primarily family. This opposition was underpinned by deep-seated cultural pressures surrounding traditional gender roles, normative timelines for marriage and reproduction, and taboos—particularly salient for single women—related to sexuality and assisted reproduction. These conflicts often precipitated a tension regarding social role and identity, as women's autonomous reproductive decisions were perceived to challenge conventional expectations of femininity and motherhood, at times leading to social friction or isolation.

The psychological findings align robustly with international research. The pattern of initial anxiety followed by relief and regained agency echoes studies on the emotional trajectories of fertility preservation (Yee et al., 2021). The sense of empowerment and

proactive family planning is consistent with literature framing oocyte cryopreservation as a tool for reproductive autonomy (Seyhan et al., 2021). This analogy suggests a common core psychological benefit rooted in justifying the uncertainty of age-related fertility decline.

However, the nature and intensity of the social consequences detailed in this study offer a culturally nuanced perspective that diverges from some findings in Western contexts. While social scrutiny is a recognized phenomenon (e.g., Özöztürk & Çiçek, 2024; Jones et al., 2020), the specific confluence of religious objections, virginity taboos for single women, and direct familial disapproval captured here underscores how these consequences are profoundly shaped by local sociocultural and normative frameworks. This highlights that the social experience of oocyte cryopreservation is not universal but is instead co-constructed within specific moral and communal landscapes.

This is explained through the lens of proactive coping and uncertainty reduction theory. Oocyte cryopreservation represents a forward-looking, problem-focused strategy to manage the threat of declining fertility. The procedure, while introducing acute, situational stressors, effectively resolves a chronic, future-oriented source of existential uncertainty, thereby fostering improved psychological well-being and a sense of control.

The significant social challenges can be understood through the framework of deviance from social norms. Elective oocyte cryopreservation, especially for non-

medical reasons or by unmarried women, often contravenes deeply ingrained societal scripts governing reproduction, marriage, and female life courses. The criticism and opposition faced by participants function as informal social approvals aimed at reinforcing normative behaviors. The ensuing conflict around identity arises because individualistic, agentic actions are interpreted as challenging traditional, collectivist family structures and gendered expectations. Thus, the psychosocial outcomes are not merely personal reactions but emerge from the dynamic interplay between individual autonomy and the constraining (or potentially supportive) structures of the specific social environment.

While this study provided valuable insights into the psychosocial consequences of oocyte cryopreservation, several limitations should be acknowledged: The findings from a small, purposive sample of Iranian women are not broadly generalizable. The reliance on retrospective self-reports may introduce recall bias. The cross-sectional design cannot capture long-term psychosocial outcomes, and the absence of perspectives from partners, family, or women who chose not to undergo the procedure limits a comprehensive understanding of the social context.

5. Conclusion

This study contributes to the growing body of literature on the psychosocial dynamics of elective oocyte cryopreservation by illuminating how women navigate the interplay between psychological adaptation and social constraint within a specific

cultural context. The findings underscored that, while the procedure functions as an effective psychological strategy for coping with fertility-related uncertainty and fostering a renewed sense of control, it simultaneously exposes women to complex social tensions rooted in traditional gender norms and moral expectations. These dual outcomes illustrated that empowerment and stigma can coexist as parallel trajectories within the same reproductive experience. Recognizing the cultural specificity of these dynamics is essential for developing more context-sensitive counseling, policy frameworks, and support systems aimed at promoting informed and psychologically sustainable reproductive choices.

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Conflict of Interest

The Authors declare that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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