KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 04 July 2023
Accepted 03 September 2023
Published online 20 September 2023

Journal of Assessment and Research in Applied Counseling

Volume 5, Issue 3, pp 78-86

E-ISSN: 3041-8518

Modeling the effect of approach motives, self-compassion and mindfulness on sexual intimacy of married nurses with the mediating role of alexithymia

Tayebeh. Karami[1], Masoume. Behbodi[2*], Pantea. Jahangir[2]

[1] PhD student in counseling, Department of counseling, Rodehen Branch, Islamic Azad University, Tehran, Iran
[2] Assistant Professor, Department of counseling, Rodehen Branch, Islamic Azad University, Tehran, Iran

*** Corresponding author email address**: Mabehboodi@gmail.com

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Karami, T., Behbodi, M., & Jahangir, P. (2023). Modeling the effect of approach motives, self-compassion and mindfulness on sexual intimacy of married nurses with the mediating role of alexithymia. *Journal of Assessment and Research in Applied Counseling, 5*(3), 78-86.
https://doi.org/10.61838/kman.jarac.5.3.11

A B S T R A C T

Objective: The purpose of this study was to model the effect of approach motives, self-compassion and mindfulness on the sexual intimacy of married nurses with the mediating role of alexithymia.

Methods and Materials: The statistical population included all married nurses in Ilam city in 2023, from which 240 nurses were selected as a sample using available sampling. To collect data, Sacrifice Motives Questionnaire (SNQ), Self-Compassion Scale (SCS), Freiburg Mindfulness Questionnaire (FMI-SF), Couples Sexual Intimacy Questionnaire (CSIQ) and Toronto Alexithymia Scale (TAS) were used. In the present study, the evaluation of the proposed model was done using structural equation modelling, and the bootstrap method (AMOS-24 software) was used to test indirect relationships.

Findings: The fit indices of the proposed model have an acceptable fit with the data and the direct paths of approach motives, self-compassion and mindfulness to alexithymia and alexithymia to sexual intimacy were statistically significant. Also, the indirect paths of approach motives, self-compassion and mindfulness to sexual intimacy through alexithymia were statistically significant.

Conclusion: Alexithymia has a mediating role between predictor variables (approach motives, self-compassion and mindfulness) and criterion (sexual intimacy). In other words, the motivations of approach, self-compassion and mindfulness can cause sexual intimacy in nurses through the reduction of alexithymia.

Keywords: *Approach motives, mindfulness, self-compassion, sexual intimacy, alexithymia.*

1. Introduction

Health-related professions are more susceptible to stressors due to their responsibility for ensuring the comfort, ease, and treatment of patients compared to other occupations (Zolfaghari et al., 2020). The National Institute for Occupational Safety and Health in the United States has identified nursing as one of the most stressful healthcare professions. According to numerous studies, personal and family problems, including those of nurses, can affect their professional career and mental health, with one of the most important factors being the presence of intimacy in

relationships (Sevinç & Garip, 2010). Intimacy is a dynamic concept in human communication, especially in marital relationships, which means openness and lack of inhibition in relationships and closeness in various emotional, rational, and functional dimensions (Bagarozzi, 2014). Among the dimensions of intimacy, research has pointed to the important role of sexual intimacy as a factor affecting the quality of relationships and individuals' mental health (Labrecque & Whisman, 2019). Sexual intimacy involves sharing romantic experiences with each other, the need for physical contact, sexual arousal, and relationships that are designed to arouse, stimulate, and satisfy sexual desires (Gurman & Jacobson, 2015). Some believe that the dimensions of intimacy are like a cycle, and various biological or psychological factors, or in other words, internal or external factors, affect them, and their high level has a positive and significant effect on individuals' happiness, satisfaction, and performance improvement in various areas (Masarik & Conger, 2017). Therefore, given the role of intimacy in the quality and satisfaction of relationships and the impact it can have on other aspects of life, including the performance and professional career of individuals, including nurses, researchers have always been trying to identify and investigate the effective factors on this intimacy.

One of the factors that can have an impact on intimate relationship experiences is sacrifice motives. In examining sacrifice motives, two types of motives have been identified: avoidance and approach motives. Approach motives refer to selfless acts and sacrifices made to please one's romantic partner or spouse and to strive for greater intimacy in the relationship, while avoidance motives aim to prevent negative consequences such as conflict or reduced interest and desire in the relationship (Elliot et al., 2001). In selfless approach behavior, couples experience greater happiness, hope, joy, and intimacy. Additionally, couples with approach motives are more likely to receive positive feedback from their partner throughout the relationship, leading to greater emotional intimacy and higher levels of intimacy in various dimensions, including sexual intimacy. Another variable related to and influential in sexual intimacy is self-compassion (Figuerres, 2008; Neff & Germer, 2017). Self-compassion involves being sensitive to one's own and others' pain and suffering, along with a deep commitment to alleviating this pain and suffering (Janbozorgi, Darbani, & Parsakia, 2020). According to research, self-compassion is related to better understanding of one's own and one's partner's emotions, emotional management, resilience, and high levels of physical and verbal behavior control (Alboghobeish, Khojastemehr, & Abbaspour, 2020). This characteristic helps couples feel more pleasure, satisfaction, and well-being in their married life and experience greater intimacy in various dimensions, including sexual intimacy (Mosadegh, Darbani, & Parsakia, 2023). Studies in this area have also emphasized the important role of mindfulness in increasing intimacy and improving relationships. Mindfulness is defined as a state of attention and awareness of what is happening in the present moment (Impett et al., 2013). Mindful individuals have a better understanding of their spouse and are generally more capable and successful in recognizing and managing their emotions in marital relationships, which is why they are likely to experience greater intimacy in their relationships. Mindfulness also helps reduce stress and negative thoughts, allowing individuals to feel calm and receive greater satisfaction and pleasure in any activity, including sexual activity (Rajabi & Maghami, 2015). In this regard, Kappen and colleagues have shown that mindfulness is associated with increased acceptance of one's partner, better sexual satisfaction, and overall satisfaction with romantic relationships.

2. Methods and Materials

2.1. Study Design and Participants

The present research was a descriptive-correlational study. The statistical population of this study consisted of all married nurses in Ilam city in the first half of 1402. Considering the number of direct paths (4 paths), the number of outcome variables (3 variables), the number of covariances (3 covariances), and the number of error variances (2 errors), 12 parameters were calculated. Therefore, 20 participants were considered for each parameter, and the sample size was 240. The inclusion criteria were being between 22-45 years old, having at least a bachelor's degree, volunteering to participate in the study, having lived with their spouse for at least one year, and being committed to answering the questionnaire honestly. The exclusion criteria were being single, drug use, marriage duration of less than one year, and incomplete answers to the questionnaires.

2.2. Measures

2.2.1. Approach Motives

The Sacrifice Motivation Questionnaire, developed by Impett and colleagues in 2005, was used to measure

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

approach motives. This scale was designed to clarify individuals' motives for sacrificing for their spouse over the past six months. The questionnaire consists of 15 items and two subscales: approach motives (8 items) and avoidance motives (7 items). In the present study, the items related to the approach motives component were used. This scale measures marital motives on a Likert scale ranging from 1 (never) to 5 (always), and a higher score indicates higher approach motives towards one's spouse. The results reported in Impett et al.'s (2005) study indicate that this questionnaire had sufficient discriminant validity (Impett, Gable, & Peplau, 2005; Impett et al., 2013). Additionally, Impett et al. (2013) reported the reliability of this scale using Cronbach's alpha for approach and avoidance motives in women as 0.86 and 0.79, respectively, and for approach and avoidance motives in men as 0.78 and 0.79, respectively (8). Furthermore, the Cronbach's alpha for the approach motives subscale was reported as 0.91 and for the avoidance motives subscale as 0.90 (Impett et al., 2013).

2.2.2. *Self-Compassion*

The "Self-Compassion Scale" was developed by Neff in 2003 and consists of 26 items and 6 components: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. These components are measured on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always), with scores ranging from 26 to 130. Validity, reliability, internal consistency, and test-retest reliability studies have shown this scale to be appropriate. Results from Neff et al.'s (2013) research, which was conducted on a sample of 391 students, demonstrated high reliability and validity. The internal consistency of the scale was calculated using Cronbach's alpha coefficient, which was 0.92 for the entire scale. The Rosenberg Self-Esteem Scale was used to assess convergent validity, which was 0.59 (Neff, 2003; Neff & Germer, 2017; Neff, 2009; Neff & Beretvas, 2013). Momeni et al. (2013) used exploratory factor analysis to extract three factors for the self-compassion scale, which accounted for approximately 47% of the total variance. Confirmatory factor analysis confirmed the validity of the extracted factors ($p < 0.05$). The internal consistency of the self-compassion scale was also calculated using Cronbach's alpha coefficient, which was 0.70 (Momeni et al., 2014).

2.2.3. *Mindfulness*

The "Freiburg Mindfulness Inventory-Short Form" was developed by Walach et al. in 2006 to assess mindfulness in clinical and non-clinical populations. It has been extensively studied and evaluated for its psychometric properties in various cultures. This questionnaire consists of 14 items and two components: presence and acceptance. It is scored on a 4-point Likert scale ranging from 1 (rarely) to 4 (always), except for item 13, which is scored directly. The minimum score is 14 and the maximum score is 56, with higher scores indicating higher levels of mindfulness. Walach et al. (2006) confirmed the content validity of this questionnaire by consulting with experts and psychology professors. They also determined the test-retest reliability coefficient using a two-week interval, which was 0.86 for the total score and 0.88 and 0.91 for the presence and acceptance components, respectively (Walach et al., 2006). Qasemi-Joubanah et al. (2015) translated the short form of the mindfulness questionnaire into Persian and examined its validity and reliability. The concurrent validity was reported to be 0.69 and 0.68 with self-control and emotion regulation scales, respectively, at a significant level of 0.01 (Ghasemi Jobaneh et al., 2015). Additionally, Amini et al. (2017) calculated the reliability of this questionnaire using the test-retest and Cronbach's alpha methods, which were 0.81 and 0.77, respectively (Amini, Rezaei, & Hoseyni, 2017).

2.2.4. *Sexual Intimacy*

"The Couples Sexual Intimacy Questionnaire" was developed by Batlani et al. (2010) and consists of 30 items, each with a four-point Likert scale (always, sometimes, rarely, never) with scores ranging from 1 to 4. The questionnaire has a total score, with a maximum score of 128 and a minimum score of 30. A high score on this questionnaire indicates greater sexual intimacy between couples, while a lower score indicates lower sexual intimacy. To examine the validity and factor structure of this questionnaire, Batlani et al. (2010) used principal component analysis with orthogonal rotation, and the KMO measure of sampling adequacy was 0.89, and the Bartlett's test of sphericity was significant at $p<0.001$ (Batlani et al., 2010). The correlation coefficient between the items of this questionnaire and the total score was calculated, and the results showed that each item had a positive and significant correlation with the total score. Additionally, the reliability of this questionnaire was calculated using Cronbach's alpha,

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

which was 0.80, indicating good reliability (Rahimi & Mousavi, 2020).

2.2.5. *Alexithymia*

The "Toronto Alexithymia Scale" is a 20-item test developed by Bagby et al. in 1994. This scale has three subscales, including difficulty identifying feelings (7 items), difficulty describing feelings (5 items), and externally-oriented thinking (8 items). The scale uses a five-point Likert scale ranging from 1 (completely disagree) to 5 (completely agree). A total score is calculated by summing the scores of the three subscales for the overall alexithymia scale. The minimum score on this scale is 20, and the maximum score is 100. The construct validity of this scale was reported to be desirable through the correlation of each component score with the total score in Bagby et al.'s (1994) study. The test-retest reliability between the two tests was also reported to be 0.75 using Pearson's correlation coefficient (Bagby, Taylor, & Parker, 1994). In another study, Besharat (2010) reported the reliability of this scale to be 0.85 for the overall scale and 0.82, 0.75, and 0.72 for the difficulty identifying feelings, difficulty describing feelings, and externally-oriented thinking subscales, respectively (Besharat, 2010). Shahgholian et al. (2007) also obtained Cronbach's alpha of 0.74, 0.75, and 0.77 for the difficulty describing feelings, difficulty identifying feelings, and externally-oriented thinking subscales, respectively (Shahgholian, Moradi, & Kafee, 2007).

2.3. *Data analysis*

The proposed model was evaluated using structural equation modeling and analyzed using AMOS-22 and SPSS-23 software.

3. Findings and Results

The demographic findings showed that 159 participants (25.66%) were female and 81 participants (75.33%) were male. Additionally, 197 participants (8.82%) had a bachelor's degree and 43 participants (92.17%) had a master's degree or higher. The mean age of female participants was 28.6 years and male participants was 33.7 years.

Table 1

Descriptive statistics and Pearson's correlation coefficients

Variable		Mean	SD	1	2	3	4	5
1	Approach motives	18.43	7.70	-				
2	Self-compassion	71.57	24.11	0.25**	-			
3	Mindfulness	18.98	7.10	0.25**	0.36**	-		
4	Alexithymia	58.17	18.74	-0.33**	-0.35**	-0.33**	-	
5	Sexual intimacy	50.57	16.49	0.25**	0.18**	0.20**	-0.35**	-

Table 1 reports the descriptive statistics of the research variables and the Pearson's correlation coefficient between the research variables. As the results in Table 1 show, the mean and standard deviation of the scores were, respectively, highest for approach motives (70.7 and 43.18), followed by self-compassion (11.24 and 57.71), mindfulness (10.7 and 98.18), alexithymia (74.18 and 17.58), and sexual intimacy (49.16 and 57.50). Furthermore, the correlation coefficients between approach motives and alexithymia ($r = -0.33$, $p < 0.01$), self-compassion and alexithymia ($r = -0.35$, $p < 0.01$), mindfulness and alexithymia ($r = -0.33$, $p < 0.01$), and alexithymia and sexual intimacy ($r = -0.35$, $p < 0.01$) were significant.

Before conducting structural equation modeling, the underlying assumptions of normality, outlier examination, and multicollinearity were examined. The Shapiro-Wilk test was used to examine the normality assumption. The results showed that the level of significance was greater than 0.05, indicating that the normality assumption was met ($p < 0.05$). To examine the presence of outliers, the Z-scores of the variables were calculated. The results showed that none of the participants had Z-scores greater than 3 standard deviations from the mean. Additionally, the Mahalanobis distance was calculated to examine multivariate outliers. If the maximum Mahalanobis distance is greater than the critical chi-square value with a specified degree of freedom (number of predictor variables) at the 0.01 level, there are multivariate outliers. In the present study, when sexual intimacy was considered as the outcome variable, the minimum and maximum values of the Mahalanobis distance were 0.12 and 17.65, respectively. Since the maximum value of the Mahalanobis distance (17.65) was smaller than the

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

critical chi-square value (18.47) with 4 degrees of freedom at the 0.01 level, there were no multivariate outliers in the collected data.

To examine the assumption of multicollinearity, the tolerance and variance inflation factor (VIF) were examined. For sexual intimacy, the tolerance (and VIF) values were 0.859 (1.164) for approach motives, 0.800 (1.250) for self-compassion, 0.811 (1.233) for mindfulness, and 0.783 (1.276) for alexithymia. The obtained tolerance values were above 0.1, indicating that there was no multicollinearity between the variables. Additionally, the VIF values were below 10, indicating that there was no multicollinearity between the variables. Therefore, the assumptions for conducting structural equation modeling were met.

In this study, all fit indices such as relative chi-square ($\chi 2/df=92.1$), goodness-of-fit index (GFI=0.99), adjusted goodness-of-fit index (AGFI=0.95), normed fit index (NFI=0.96), comparative fit index (CFI=0.98), incremental fit index (IFI=0.98), Tucker-Lewis index (TLI=0.93), and root mean square error of approximation (RMSEA=0.06) indicated a good fit of the proposed model to the data.

Table 2

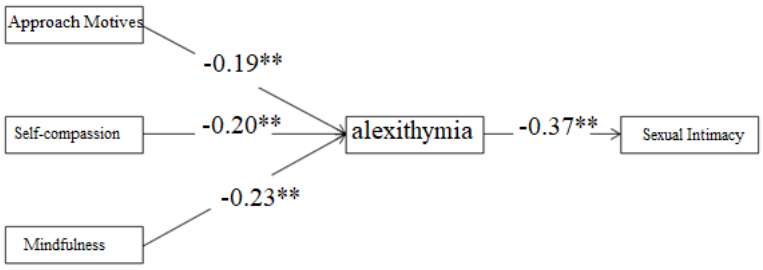
The results of direct effects

Path	Beta (Standard)	B (Non-standard)	SE	Critical ratio	p
From approach motives to alexithymia	-0.188	-0.439	0.141	-3.125	0.002
From self-compassion to alexithymia	-0.197	-0.146	0.046	-3.155	0.002
From mindfulness to alexithymia	-0.233	-0.591	0.159	-3.721	0.001
From alexithymia to sexual intimacy	-0.371	-0.340	0.055	-6.182	0.001

Table 2 displays the parameters of the direct effects of variables on each other in the proposed research model. As the results shown in Table 3 indicate, all direct paths have significant coefficients. Figure 1 illustrates the standardized coefficients of the proposed research model.

Figure 1

Final model with direct effects



**p<0.01

A basic assumption in the proposed research model was the existence of mediating paths. To determine the significance of these mediating relationships, the bootstrap method was used. Table 3 presents the results of the mediating relationships.

Table 3

Bootstrap test results

Path	Data	Error	Lower bound	Upper bound	p
approach motives → alexithymia → sexual intimacy	0.2094	0.0745	0.0917	0.3917	0.001
self-compassion → alexithymia → sexual intimacy	0.0796	0.0249	0.0392	0.1396	0.001
mindfulness → alexithymia → sexual intimacy	0.2458	0.0759	0.1264	0.4188	0.001

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

As the results shown in Table 3 indicate, the lower limit of the confidence interval for alexithymia as a mediator variable between approach motives and sexual intimacy is 0.0917, and the upper limit is 0.3917. The lower limit of the confidence interval for alexithymia as a mediator variable between self-compassion and sexual intimacy is 0.0392, and the upper limit is 0.1396. The lower limit of the confidence interval for alexithymia as a mediator variable between mindfulness and sexual intimacy is 0.1264, and the upper limit is 0.4188. The confidence level for these confidence intervals is 95, and the interval of bootstrap resamples is 5000. Since zero is not outside the confidence intervals, the indirect relationship between the variables is significant. These results indicate that the effects of approach motives, self-compassion, and mindfulness on sexual intimacy are significant through the mediating variable of alexithymia.

4. Discussion and Conclusion

The present study aimed to test the model of the relationship between approach motives, self-compassion, and mindfulness on the sexual intimacy of married nurses with alexithymia as a mediator. The results showed that approach motives have a significant indirect effect on the sexual intimacy of married nurses through alexithymia. In explaining this finding, it can be said that individuals with approach motives seek positive stimuli to strengthen their relationship with their emotional partner, pay more attention to the emotional needs of their spouse, and reduce conflicts by sacrificing and ignoring their own needs (Irandoust et al., 2019; Ziadni et al., 2017). They also prioritize the happiness and well-being of their partner and experience greater personal satisfaction and happiness than those who sacrifice for their own needs and avoid conflicts (Dubey, Padey, & Mishra, 2010). In fact, establishing intimate and friendly relationships with one's spouse requires close relationships, understanding, recognition of emotions and feelings, needs, and emotions, and couples with approach motives are successful in this regard, which in turn strengthens and describes friendly and intimate emotions and feelings towards the emotional partner and mutual understanding of emotions and needs, which can reduce alexithymia symptoms (Jacobson et al., 2018; Kwak & Lim, 2019; Pepping et al., 2018). By reducing alexithymia symptoms, individuals' capacity to express emotions, self-awareness, and expression of desires and emotions increases, and the level of empathy and companionship in emotional relationships increases (Homan, 2016). Therefore, in marital relationships, couples will be able to create intimate and romantic relationships with their spouses. Also, according to the results, self-compassion has a significant indirect effect on the sexual intimacy of married nurses through alexithymia. Self-compassion means being sensitive to one's own and others' pain and suffering, along with a deep commitment to trying to alleviate this pain and suffering (Amini, Rezaei, & Hoseyni, 2017). In addition to protecting the individual against negative psychological states, self-compassion also plays an effective role in strengthening positive emotional states. According to studies, individuals with self-compassion are described by their spouses as emotional and receptive individuals who may have a high level of attention to the emotions and feelings of others (Jacobson et al., 2018; Kappen et al., 2018). Also, in emotional relationships, these individuals have a lot of control over their physical and verbal behaviors. Individuals with high levels of self-compassion show higher ability to manage themselves during emotional situations and have more ability to regulate emotions compared to other couples. They also use healthier and more desirable emotional and behavioral patterns in the face of life changes and make more efforts to improve their emotions and undesirable behaviors (Pepping et al., 2018). Therefore, self-compassion can be used as an emotion regulation strategy to reduce alexithymia symptoms, where efforts are made to accept emotions in a compassionate way (Kappen et al., 2018; Ziadni et al., 2017). These characteristics and skills gradually help individuals experience more pleasure and satisfaction in their marital life and experience greater intimacy in various dimensions, including sexual intimacy. In other words, a high level of self-compassion leads to the increase of positive emotional experiences and helps couples to control negative and inappropriate emotions, leading to a reduction in emotional conflicts and alexithymia symptoms. Through this, individuals are more likely to create intimate and emotional relationships and build romantic experiences with their spouse by expressing their emotions in various aspects, including sexual relationships.

In addition, the results showed that mindfulness has a significant effect on the sexual intimacy of married nurses through alexithymia. According to research, mindfulness has a significant impact on a person's emotions and emotional experiences (Khojastehmehr, Aghaei, & Omidian, 2019). Researchers believe that mindfulness can help in greater empathy with others, greater self-care, and a better attitude towards emotional distress and failures. On the other hand, individuals with alexithymia have difficulty

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

recognizing and using emotions and emotions correctly due to ineffective coping mechanisms for regulating emotions and automatic inhibition of information and emotions, which in turn leads to difficulties in emotional communication and exchanges in interpersonal relationships (Masarik & Conger, 2017). Therefore, it seems that the structure of mindfulness can play an effective role in regulating and managing emotions. The results of studies show that mindfulness is associated with increased acceptance of the partner and satisfaction with the romantic relationship (Ziadni et al., 2017). Some researchers also believe that mindfulness helps reduce stress and negative thoughts, enabling individuals to better control their negative emotions in emotional relationships and make more constructive decisions by recognizing and understanding their emotions (Parsakia, Rostami, & Saadati, 2023). Therefore, it can be explained that through mindfulness-based techniques, alexithymia symptoms in individuals decrease. By reducing alexithymia symptoms, individuals will be more prepared to create intimate and romantic relationships with their spouses (Khojastehmehr, Aghaei, & Omidian, 2019; Kwak & Lim, 2019). In fact, it seems that establishing intimate and friendly relationships with one's spouse requires close relationships, a high capacity for empathy, greater understanding, recognition of emotions and feelings, and the needs and emotions of one's spouse, and mindfulness can play an effective role in this area by reducing alexithymia and helping couples reach a higher level of sexual intimacy and satisfaction, which is confirmed by the findings of this study.

5. Suggestions and Limitations

Based on the findings, it can be concluded that alexithymia plays a mediating role between predictor variables (approach motives, self-compassion, and mindfulness) and criterion (sexual intimacy) among married nurses. In other words, approach motives, self-compassion, and mindfulness can directly and indirectly increase the sexual intimacy of married nurses by reducing alexithymia. Given the results of the present study and the impact of approach motives, mindfulness, and self-compassion on sexual intimacy, health and treatment officials can provide effective and constructive measures to increase marital intimacy among nurses through the development and equipping of workshops and seminars focused on realistic expectations in marital relationships, perceptions and motivations, mindful methods and patterns, and self-compassion strengthening strategies. Furthermore, due to the limitations of the study sample availability, caution should be exercised in generalizing the results to other nurses who may differ from the sample in terms of personal or cultural characteristics. Therefore, it is recommended that similar studies be conducted on married nurses in other cities with different cultures. Additionally, due to the lack of control over economic and social conditions that may increase bias in the results, it is suggested that the role and influence of variables such as socio-economic status and education level on the sexual intimacy variable of nurses be investigated in future studies. It is obvious that efforts to address the aforementioned limitations will increase the credibility of the research.

Acknowledgments

The cooperation of all participants in the research is thanked and appreciated.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this study, ethical considerations such as obtaining full consent from all participants, maintaining confidentiality and secrecy of information, allowing participants to withdraw from any stage of the research if they do not wish to cooperate.

Authors' Contributions

This article is extracted from the doctoral dissertation of Taiba Karami in the field of counseling at Islamic Azad University, Roudehen Branch, under the supervision of Dr. Masoumeh Bahrami. The research with the code of 1133481006482604150141626061 69 was approved by the Research Council of Islamic Azad University, Roudehen Branch, on 23/10/2022 and was registered on 30/12/2023.

References

Alboghobeish, T., Khojastemehr, R., & Abbaspour, Z. (2020). The Prediction of Marital Satisfaction based on Approach and Avoidance Motives of Sacrifice and Sacrificing Behaviors in the Cultural Context of Ahvaz. *Cultural Psychology*, *3*(2), 139-155. https://doi.org/10.30487/JCP.2020.204517.1090

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Amini, S., Rezaei, R., & Hoseyni, F. (2017). *The relationship between alexithymia and mindfulness of student teachers at Farhangian Salman Farsi University of Shiraz* https://civilica.com/doc/692975/

Bagarozzi, D. A. (2014). *Enhancing intimacy in marriage: A clinician's guide*. routledge. https://doi.org/10.4324/9781315787053

Bagby, R. M., Taylor, G. J., & Parker, J. D. (1994). The twenty-item Toronto Alexithymia Scale—II. Convergent, discriminant, and concurrent validity. *Journal of psychosomatic research*, *38*(1), 33-40. https://doi.org/10.1016/0022-3999(94)90006-X

Batlani, S., Ahmadi, S., Bahrami, F., Shahsiah, M., & Mohebbi, S. (2010). Effect of attachment-based couple therapy on sexual satisfaction and intimacy. *Journal of Fundamentals of Mental Health*, *12*(46), 496-505. https://doi.org/10.22038/JFMH.2010.1089

Besharat, M. A. (2010). Relationship of alexithymia with coping styles and interpersonal problems. *Procedia-Social and Behavioral Sciences*, *5*, 614-618. https://doi.org/10.1016/j.sbspro.2010.07.152

Dubey, A., Padey, R., & Mishra, K. (2010). Role of emotion regulation difficulties and positive/negative affectivity in explaining alexithymia-health relationship: An overview. *Indian Journal of Social Science Researches*, *7*(1), 20-31. https://www.scirp.org/(S(lz5mqp453edsnp55rrgjct55.))/reference/referencespapers.aspx?referenceid=1530870

Elliot, A. J., Chirkov, V. I., Kim, Y., & Sheldon, K. M. (2001). A cross-cultural analysis of avoidance (relative to approach) personal goals. *Psychological Science*, *12*(6), 505-510. https://doi.org/10.1111/1467-9280.00393

Figuerres, K. S. (2008). *Sacrifice in marriage: Motives, behaviors, and outcomes*. Brigham Young University. https://scholarsarchive.byu.edu/etd/1598/

Ghasemi Jobaneh, R., Arab Zadeh, M., Jalili Nikoo, S., Mohammad Alipoor, Z., & Mohsenzadeh, F. (2015). Survey the validity and reliability of the persian version of short form of freiburg mindfulness inventory. *Journal of Rafsanjan University of Medical Sciences*, *14*(2), 137-150. http://journal.rums.ac.ir/browse.php?a_id=2293&slc_lang=en&sid=1&ftxt=1&html=1

Gurman, A. S., & Jacobson, N. S. (2015). *Clinical handbook of couple therapy*. Guilford Publications. https://psycnet.apa.org/record/1995-98358-000

Homan, K. J. (2016). Self-compassion and psychological well-being in older adults. *Journal of Adult Development*, *23*, 111-119. https://doi.org/10.1007/s10804-016-9227-8

Impett, E. A., Gable, S. L., & Peplau, L. A. (2005). Giving up and giving in: the costs and benefits of daily sacrifice in intimate relationships. *Journal of personality and social psychology*, *89*(3), 327-344. https://doi.org/10.1037/0022-3514.89.3.327

Impett, E. A., Javam, L., Le, B. M., ASYABI-ESHGHI, B., & Kogan, A. (2013). The joys of genuine giving: Approach and avoidance sacrifice motivation and authenticity. *Personal Relationships*, *20*(4), 740-754. https://doi.org/10.1111/pere.12012

Irandoust, R., Sohrai, F., Maliholzackerin, S., & Ahi, G. (2019). The Casual Model of Relationship between Alexithymia and Female Sexual Function by Mediating Rule of Psychological Distress and Marital Intimacy. *Journal of Family Research*, *14*(4), 515-531. https://jfr.sbu.ac.ir/index.php/researchejuridique/issue/article_97692_f43fdfe287e18dfa8f97fc9787b2bde4.pdf

Jacobson, E. H. K., Wilson, K. G., Kurz, A. S., & Kellum, K. K. (2018). Examining self-compassion in romantic relationships. *Journal of Contextual Behavioral Science*, *8*, 69-73. https://doi.org/10.1016/j.jcbs.2018.04.003

Janbozorgi, F., Darbani, S. A., & Parsakia, K. (2020). The structural model of predicting family health based on communication patterns and self-efficacy with the mediating role of self-compassion in women. *Psychology of Woman Journal*, *1*(3), 66-80. http://psychowoman.ir/article-1-22-en.html

Kappen, G., Karremans, J. C., Burk, W. J., & Buyukcan-Tetik, A. (2018). On the association between mindfulness and romantic relationship satisfaction: The role of partner acceptance. *Mindfulness*, *9*, 1543-1556. https://doi.org/10.1007/s12671-018-0902-7

Khojastehmehr, R., Aghaei, Z., & Omidian, M. (2019). Meta-analysis of the relationship among approach and avoidance motives for sacrifice and marital quality. *Family Counseling and Psychotherapy*, *9*(1), 89-108. https://journals.uok.ac.ir/article_61261_3389c417c94db57ffecd0ae1f855e116.pdf

Kwak, T., & Lim, J. (2019). The effects of emotional awareness on the psychological well-being of adolescents: cognitive emotion regulation strategies as mediators. *Korean Journal of Child Studies*, *40*(2), 13-24. https://doi.org/10.5723/kjcs.2019.40.2.13

Labrecque, L. T., & Whisman, M. A. (2019). Extramarital sex and marital dissolution: Does identity of the extramarital partner matter? *Family Process*, *59*(3), 1308-1318. https://doi.org/10.1111/famp.12472

Masarik, A. S., & Conger, R. D. (2017). Stress and child development: A review of the Family Stress Model. *Current opinion in psychology*, *13*, 85-90. https://doi.org/10.1016/j.copsyc.2016.05.008

Momeni, F., Shahidi, S., Mootabi, F., & Heydari, M. (2014). Psychometric properties of a Farsi version of the Self-Compassion Scale (SCS). *8*(2), 27-40. http://bjcp.ir/article-1-386-fa.html

Mosadegh, H., Darbani, S. A., & Parsakia, K. (2023). The mediating role of sexual satisfaction in the relationship between personality traits and emotional divorce in men. *Journal of Applied Family Therapy*, *4*(4), 191-202.

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, *2*(2), 85-101. https://doi.org/10.1080/15298860309032

Neff, K., & Germer, C. (2017). Self-compassion and psychological well-being. *The Oxford Handbook of Compassion Science.* , *21*, 371-386. https://doi.org/10.1093/oxfordhb/9780190464684.013.27

Neff, K. D. (2009). The role of self-compassion in development: A healthier way to relate to oneself. *Human development*, *52*(4), 211-214. .https://doi.org/10.1159/000215071

Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and identity*, *12*(1), 78-98. https://doi.org/10.1080/15298868.2011.639548

Parsakia, K., Rostami, M., & Saadati, S. M. (2023). The Relationship between Emotional Intelligence and Marital Conflicts Using Actor-Partner Interdependence Model. *Journal of Psychosociological Research in Family and Culture*, *1*(1), 23-28. https://journals.kmanpub.com/index.php/jprfc/article/view/521

Pepping, C. A., Cronin, T. J., Lyons, A., & Caldwell, J. G. (2018). The effects of mindfulness on sexual outcomes: The role of emotion regulation. *Archives of Sexual Behavior*, *47*, 1601-1612. https://doi.org/10.1007/s10508-017-1127-x

Rahimi, P., & Mousavi, A. S. (2020). The effectiveness of emotion focused education on sexual intimacy and interpersonal forgiveness of conflicting couples. *Journal of psychologicalscience*, *19*(86), 229-236. http://psychologicalscience.ir/browse.php?a_id=373&sid=1&slc_lang=en

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Rajabi, G., & Maghami, E. (2015). Self-compassion as mediator between attachment dimensions with mental well-being: a path analysis model. *Health Psychology*, *4*(16), 79-96. https://hpj.journals.pnu.ac.ir/?_action=articleInfo&article=3113&lang=fa&lang=en&lang=fa&lang=en

Sevinç, M., & Garip, E. S. (2010). A study of parents' child raising styles and marital harmony. *Procedia-Social and Behavioral Sciences*, *2*(2), 1648-1653. https://doi.org/10.1016/j.sbspro.2010.03.252

Shahgholian, M., Moradi, A., & Kafee, M. (2007). The relationship between Alexithymia with emotional expression styles and general health in students of Qazvin University of Medical Sciences. *Iranian Journal of Psychiatry and Clinical Psychology*, *13*(3), 77-89.

Walach, H., Buchheld, N., Buttenmüller, V., Kleinknecht, N., & Schmidt, S. (2006). Measuring mindfulness—the Freiburg mindfulness inventory (FMI). *Personality and individual differences*, *40*(8), 1543-1555. https://doi.org/10.1016/j.paid.2005.11.025

Ziadni, M. S., Jasinski, M. J., Labouvie-Vief, G., & Lumley, M. A. (2017). Alexithymia, defenses, and ego strength: Cross-sectional and longitudinal relationships with psychological well-being and depression. *Journal of Happiness Studies*, *18*(6), 1799-1813. https://doi.org/10.1007/s10902-016-9800-7

Zolfaghari, M., Janghorbanian, Z., Krevan Brojerdi, K., & Aghaziarati, A. (2020). Investigation the Role of Teaching Styles and Student-Teacher Interaction in Dropped Out Students' Academic Achievement Motivation. *Education Strategies in Medical Sciences*, *13*(3), 220-228. https://edcbmj.ir/article-1-2001-en.htmlER

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518