

Comparison of the Effectiveness of the Satir Communication Model and Compassion-Based Cognitive Behavioral Therapy on Behavioral Flexibility and Anxiety Sensitivity in Couples with Marital Conflict

Marjan. Jamali¹, Hasan. Heidari^{2*}, Hossein. Davoodi³, Khalil. Ghaffari⁴

¹ Ph.D. student, Counseling Department, Khomein Branch, Islamic Azad University, Khomein, Iran

² Associate Professor, Department of Counseling, Khomein Branch, Islamic Azad University, Khomein, Iran

³ Assistant Professor, Counseling Department, Khomein Branch, Islamic Azad University, Khomein, Iran

⁴ Assistant Professor, Department of Psychology, Aliguderz Branch, Islamic Azad University, Aliguderz, Iran

* Corresponding author email address: heidarihassan@yahoo.com

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of compassion-based cognitive behavioral therapy with the Satir communication model on behavioral flexibility and anxiety sensitivity in couples experiencing marital conflict.

Methods and Materials: The statistical population consisted of couples with marital conflicts who visited counseling centers in Tehran in 2023. The research method was a quasi-experimental design with a non-equivalent control group, pre-test, post-test, and follow-up. Participants were randomly assigned into two groups of 15, matched for comparability. The research instruments were the Anxiety Sensitivity Index by Floyd et al. (2005) and the Connor-Davidson Resilience Scale by Connor and Davidson (2003). The first experimental group received the Satir communication model, and the second group underwent compassion-based cognitive behavioral therapy over eight sessions. Data were analyzed using SPSS through a two-way repeated measures analysis of variance.

Findings: The results showed that both compassion-based cognitive behavioral therapy and the Satir communication model led to an increase in behavioral flexibility and a decrease in anxiety sensitivity in couples with marital conflicts ($P < 0.001$); furthermore, compassion-based cognitive behavioral therapy was found to be more effective between the two approaches.

Conclusion: The findings confirm the impact of both the Satir communication model and compassion-based cognitive behavioral therapy on improving behavioral flexibility and reducing anxiety sensitivity in couples.

Keywords: *Compassion-Based Cognitive Behavioral Therapy, Satir Communication Model, Behavioral Flexibility, Anxiety Sensitivity, Marital Conflict*

1. Introduction

The family system is among the most important social systems, based on establishing and maintaining connections and is considered the most fundamental and primary institution in all societies (Kamalian et al., 2020). In this system, the main expectation from couples includes the expression of emotions and feelings, intimacy, flexibility, and well-being together (Panahi et al., 2018). Although couples commit to a permanent bond in the early days of marriage, some gradually experience conflict (Heydarnia et al., 2014). Often, thoughts following marital conflicts indicate couples' regret about this process (Wilson et al., 2017). Conflict can take various forms and manifest as depression in one or both spouses, mistreatment of the partner, and verbal and physical conflicts between both, eventually leading to divorce (Zhou & Buehler, 2019); also, there are times when a lack of agreement is observed or needs are not met, resulting in feelings of anger, disappointment, and dissatisfaction towards each other (Frankel et al., 2015). Marital conflict is a type of continuous and significant disagreement between spouses, one of whom reports it. The significance refers to the impact of this issue on spouses' functioning, and by continuous, it means differences that do not disappear over time and leave negative psychological and emotional effects on couples' mental processes (Haferkamp, 2018). However, it should be mentioned that experiencing different levels of conflict, disagreement, and distress in a couple's interactions is inevitable and natural (Onsy & Amer, 2014). Miller et al. (2013) showed that couples with high marital conflict have poor mental health and well-being (Miller et al., 2013). As conflicts in marital relationships increase, so does incompatibility and dissatisfaction, which are precursors to divorce (Young & Long, 1998). The outcomes of such problems include depression (Coyne et al., 2002); maladjustment and aggression in children and adolescents (Doyle & Markiewicz, 2005); and anxiety disorders (Doss et al., 2004).

Moreover, it should be noted that marital conflicts also affect the behavioral flexibility of couples. In the realm of life and marital relationships, behavioral flexibility, as one of the influential variables on couples' relationships and conflicts, has gained a valuable place in family psychology and family therapy for reducing tension and conflicts and their adverse effects, with an increasing number of researches being conducted in this area (Satheesan & Satyanarayana, 2018). Behavioral flexibility is the ability to

cope with problems. It is not about avoiding problems but rather gives people the ability to move through difficulties, enjoy life, and better solve pressures and stresses. Behavioral flexibility is the ability to move with problems, meaning that although individuals face problems, stress, and worries, they can continue their work activities and fulfill their personal, social, competitive, and environmental tasks. Also, this construct helps individuals protect themselves against mental problems like depression, anxiety, and anger (Springgate et al., 2011). Foote et al. (2016) believe that behavioral flexibility is a very important construct in understanding risk factors and preventing potential damages from them, as well as in promoting individuals' mental health (Foote et al., 2016). Waugh et al. (2008) found that individuals with behavioral flexibility better use emotional resources to face adversities and negative events (Waugh et al., 2008).

Research has shown that couples experiencing marital problems have high anxiety sensitivity, and this high anxiety sensitivity causes individuals to feel that they are facing a difficult situation with the slightest physical symptoms associated with anxiety, possibly unable to endure relational conflicts (Kasalova et al., 2017). Anxiety sensitivity represents a tendency to interpret physical, psychological, and social outcomes as distressing and dangerous (Osuji et al., 2022). Anxiety sensitivity is an individual differences construct where an individual fears physical symptoms that are associated with anxiety arousal (increased heart rate, shortness of breath, dizziness) and is generally derived from the belief that these symptoms lead to potentially harmful social, cognitive, and physical outcomes (López-Núñez et al., 2021). In other words, the propensity for fear, catastrophic interpretation of anxiety symptoms, is one of the etiological factors that maintain and perpetuate most mental disorders, especially anxiety disorders, acting to increase anxiety responses and create fear of provocative stimuli. Anxiety sensitivity leads to biases in the retrieval and processing of information related to anxiety-provoking stimuli, which in turn sets the stage for the individual's susceptibility to mental disorders, including social anxiety (Byers et al., 2023).

Today, various couple therapy approaches have emerged with the goal of reducing conflicts and communication turmoil among couples. The goal of couple therapy is to help couples better adapt to current problems and learn more effective communication methods (Hagen & Sabey, 2019). Communication and communication patterns have been considered in different family therapy theories, one of the

approaches that has increasingly gained acceptance in relation to family and family therapy is the Satir communication approach (Carr, 2019). Research evidence shows that the Satir communication approach has a positive and significant effect on emotional non-expression and emotional maturity in divorce-seeking couples (Ghorbani & Bagheri Houseinabadi, 2021), communication skills, emotional expressiveness, and empathy (Boostani-Kashani et al., 2021), resilience, and problem-solving in couples (Ghanbari Hashemabadi et al., 2020); also, Rajabi et al. (2020) indicate the effectiveness of couple therapy of the Satir communication approach in increasing marital satisfaction and reducing emotional divorce among couples (Rajabi et al., 2021). Furthermore, Carr (2019), in a study, showed that couple therapy, family therapy, and systematic interventions have a positive and significant effect on solving family problems and conflicts (Carr, 2019). The Satir approach is a communication approach. This approach helps couples to reduce their marital differences and conflicts through specific behavioral programs (Banmen, 1999). This approach believes that a healthy family life involves an open and mutual sharing of love, warmth, and genuine encouragement, and a natural tendency to blend feelings with therapeutic relationships in Satir's work is evident unlike most therapeutic methods that advocate formal talking or ignoring feelings, this method provides exercises for observing negative self-dialogue as a useful and effective indicator for hurt feelings and shows clients how they can exercise control in a more meaningful way (Nemesh, 2016). The Satir treatment model focuses on communication patterns, self-esteem, and personal worth of each individual and families, and the inherent internal forces in every human being. Family experience in therapy will lead to change and create insight in them. Although there were similarities in the theoretical structure and assumptions of Satir's theory with the theory of symbolic experience, the techniques and methods of working with the family, interventions, and the role of the therapist differ. Satir believed that by healing families, we can help create a healthy society that will lead to inner peace, mutual peace, and consequently peace among all people in the world, ultimately leading to a process of connection and dependency, where we will bond with all individuals, and extensive connections and relationships will form. Regardless of ourselves as therapists or the sexual orientation of our clients, the therapeutic relationship can include a certain amount of compassion and genuine warmth to help the client face their fears, given the potential this

approach has, it can be applied to individuals and families from all ethnicities, cultures, and backgrounds (Loeshen, 2020). Benman (2008) believes that the Satir model is based on the human capacity for change, growth, and manifestation (Banmen, 1999). Every human being is unique and has internal resources and potential forces that they do not utilize. This model brings hope to all clients because it is believed that all humans have internal resources for change and growth. In this model, the goal of therapy is personal growth and the establishment of a clear and transparent relationship in clients (Okur, 2020).

Numerous interventions have been conducted to reduce tensions and disorders in marital relationships, among which self-compassion-based training is significant (Carr, 2019). Self-compassion involves being connected with one's own pain and suffering instead of avoiding or disconnecting from it, creating a desire to alleviate that suffering and being kind to oneself. Self-compassion also includes non-judgmental judgments about pain, incompetence, and failures, as individual experience is part of larger personal experiences. Compassion involves balanced responses and mindfulness in the face of discomforts, not avoidance or reinforcement of upsetting feelings, and self-compassion, instead of distancing from narratives of individual problems and flaws, includes maintaining dignity and fair judgments in the face of unpleasant experiences and optimism about life in the present (Neff & Germer, 2017; Neff, 2019; Neff & Germer, 2013).

To more effectively preserve the foundation of societies, which is the family, resolving conflicts and teaching conflict reduction methods to married women and men are among the most important and effective ways, which will be achieved through the teaching of the Satir communication approach and self-compassion-based cognitive behavioral therapy. Therefore, by providing new and suitable educational opportunities for couples, we can help them to adjust their communication patterns towards establishing effective and efficient communication, increasing intimacy, and reducing marital conflicts. Few studies based on the Satir approach on couples with marital conflict have demonstrated the effectiveness of this educational approach. Therefore, the main question of the present research is whether there is a difference in the effectiveness of the Satir communication model and compassion-based cognitive behavioral therapy on behavioral flexibility and anxiety sensitivity in couples with marital conflict?

2. Methods and Materials

2.1. Study Design and Participants

The design of the present study was quantitative, using a quasi-experimental approach with a non-equivalent control group, pre-test, post-test, and follow-up. The research population consisted of all couples with marital conflicts who visited counseling and psychological centers in Tehran in the first half of 2023. Participants were categorized into three groups of 15 based on convenience sampling method. The inclusion criteria were having at least two years of marital life, being between the ages of 20 and 45, having marital conflict, and not having a history of psychosis or disorder as diagnosed by a psychiatrist. The exclusion criteria included not participating in similar training sessions, having more than one session of absence, and not following the rules in sessions.

2.2. Measures

2.2.1. Anxiety Sensitivity

The Anxiety Sensitivity Index (ASI) is a self-report questionnaire consisting of 16 items on a five-point Likert scale (from 1 "very little" to 5 "very much"). Each item reflects the belief that anxiety sensations are experienced unpleasantly and can lead to harmful outcomes. Higher scores indicate a greater degree of fear of anxiety symptoms, with a score range from 0 to 64. The structure of this questionnaire comprises three primary factors: fear of cognitive dyscontrol (4 items), fear of publicly observable anxiety symptoms (4 items), and fear of somatic sensations (8 items) (Zinbarg et al., 1997, as cited by Sadeghzadeh et al., 2020). Psychometric properties of the questionnaire indicate high validity ranging from 0.80 to 0.90. Its reliability after two weeks is 0.75 and after three years is 0.71 (Sepas et al., 2022).

2.2.2. Resilience

Connor and Davidson (2003) developed this questionnaire to measure resilience. The creators believe that this questionnaire can effectively distinguish resilient individuals from non-resilient ones in both clinical and non-clinical groups and can be used in research and clinical situations. The questionnaire consists of 26 items rated on a Likert scale from 0 ("not true at all") to 4 ("true nearly all the time") (Connor & Davidson, 2003; Ghanbari Hashemabadi et al., 2020).

2.3. Interventions

The experimental groups were exposed to 8 sessions of Satir model training based on the study by Ghorbani and Hosseinabadi (2021) and 8 sessions of 60 minutes each of compassion-based cognitive behavioral therapy adapted from Smits et al. (2008) (Ghorbani & Bagheri Houseinabadi, 2021; Smits et al., 2008). Multivariate and univariate covariance analysis methods were used for data analysis.

2.3.1. Satir Model Training

The Satir communication model intervention also spanned eight weekly sessions, each 60 minutes long, aimed at improving communication within couples to enhance behavioral flexibility and reduce anxiety sensitivity. The first sessions introduced the Satir model's foundational principles, emphasizing the importance of congruent communication, self-awareness, and self-esteem in healthy relationships. Participants explored the five communication stances (blaming, placating, being super-reasonable, being irrelevant, and congruent communication) and their effects on interpersonal dynamics. The intervention guided couples through exercises to recognize their habitual stances and the underlying feelings and needs associated with them. Mid-session activities focused on practicing congruent communication, where participants learned to express their thoughts, feelings, and desires openly and honestly, while also listening empathetically to their partners. Techniques for de-escalating conflict, enhancing mutual understanding, and fostering emotional connection were central themes. The couples were encouraged to apply these communication skills in role-playing exercises and real-life situations, reflecting on their experiences and adjusting their approaches as needed. The latter part of the program concentrated on consolidating these skills, setting goals for ongoing growth in communication, and addressing barriers to effective interaction. Homework assignments reinforced session themes, including daily communication practice, journaling about communication patterns, and planned discussions on specific topics using the Satir model principles.

2.3.2. Compassion-based CBT

The compassion-based cognitive behavioral therapy intervention consisted of eight weekly sessions, each lasting 60 minutes, designed to enhance compassion towards oneself and others to mitigate anxiety sensitivity and

improve behavioral flexibility. The initial sessions focused on introducing the concept of self-compassion, understanding how critical self-judgment exacerbates emotional distress, and the role of compassion in psychological well-being. Participants were taught mindfulness techniques to increase awareness of their thoughts and feelings without judgment. Midway through the program, the emphasis shifted towards developing self-compassion through exercises that encouraged treating oneself with the same kindness and understanding one would offer a good friend. Techniques for identifying and challenging negative self-talk and cognitive distortions were introduced, along with strategies for fostering a compassionate inner voice. The therapy included practical exercises for developing empathy and compassion for others, highlighting the interconnectedness of all people and the commonality of suffering. The final sessions focused on applying these principles in daily life, addressing obstacles to being compassionate, and formulating a personal practice

plan to maintain and extend the gains from therapy. Throughout the intervention, participants engaged in homework assignments to practice the skills learned in sessions, such as mindfulness meditation, writing compassionate letters to themselves, and exercises to cultivate gratitude and forgiveness.

2.4. *Data analysis*

Data were analyzed using SPSS through a two-way repeated measures analysis of variance.

3. **Findings and Results**

Table 1 presents descriptive statistics for the mean and standard deviation of behavioral flexibility and anxiety sensitivity scores for the control group, the Satir communication model group, and the compassion-based cognitive behavioral therapy group at three measurement stages (pre-test, post-test, and follow-up).

Table 1

Descriptive Findings

Group	Variable	Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
Control	Behavioral Flexibility	35.40	7.881	35.87	7.386	35.57	7.334
	Fear of Worry	21.13	2.503	21.20	2.651	21.60	2.849
	Fear of Cognitive Dyscontrol	13.53	2.167	13.13	3.335	13.40	3.376
	Fear of Publicly Observable Anxiety	15.53	2.475	15.07	2.549	15.33	2.992
	Anxiety Sensitivity	50.20	4.074	49.40	5.180	50.33	5.094
Satir	Behavioral Flexibility	36.07	7.896	47.27	7.815	46.73	8.319
	Fear of Worry	20.53	2.200	16.87	2.532	17.40	2.823
	Fear of Cognitive Dyscontrol	13.60	1.920	9.47	1.922	10.07	2.314
	Fear of Publicly Observable Anxiety	15.13	2.446	10.93	3.150	11.00	3.684
	Anxiety Sensitivity	49.27	4.217	37.27	4.399	38.47	4.470
CCBT	Behavioral Flexibility	37.53	8.383	57.87	9.591	56.93	9.239
	Fear of Worry	20.93	2.434	12.73	2.915	13.60	3.376
	Fear of Cognitive Dyscontrol	12.93	1.981	6.20	2.624	6.73	3.058
	Fear of Publicly Observable Anxiety	14.73	2.764	7.20	2.859	7.60	3.418
	Anxiety Sensitivity	48.60	4.306	26.13	6.545	27.93	7.334

As shown in Table 1, in the control group, the mean scores do not show significant change from pre-test to post-test and follow-up stages. However, in the experimental groups, an increase in scores from pre-test to post-test and follow-up stages is observed.

Before testing hypotheses, the normal distribution of data was assessed. This helps the researcher to select an

appropriate statistical test for hypothesis testing. The Kolmogorov-Smirnov test was used to determine the type of data distribution, and the results indicated that all variables were greater than 0.05, thus accepting the normal distribution assumption of scores. Moreover, the homogeneity of variances between groups were confirmed by Levene’s test ($p < 0.05$).

Table 2

Within-Group Effects

Effect		Value	F	Df	Df error	p	Effect size
Time	Pillai’s Trace	0.995	20.305	8	164	0.001	0.498
	Wilks’ Lambda	0.033	90.638	8	162	0.001	0.817
	Hotelling’s Trace	28.129	281.290	8	160	0.001	0.934
	Roy’s Largest Root	28.099	576.020	4	82	0.001	0.966
Time*Group	Pillai’s Trace	1.012	7.109	16	336	0.001	0.253
	Wilks’ Lambda	0.052	25.186	16	248.097	0.001	0.521
	Hotelling’s Trace	16.838	83.664	16	318	0.001	0.808
	Roy’s Largest Root	16.765	352.072	4	84	0.001	0.944

In Table 2, multivariate test results for examining differences in mean scores of behavioral flexibility and anxiety sensitivity among control, Satir communication model, and compassion-based cognitive behavioral therapy groups across treatment stages are provided. The

information indicates that all multivariate tests are significant, suggesting the presence of a main effect for the factor of measurement (pre-test, post-test, follow-up) as well as an interaction effect between groups and measurement stages.

Table 3

Between-Group Effect

Source	Variable	SS	Df	MS	F	p
Group	Flexibility	5174.876	2	2587.438	14.351	0.001
	Anxiety Sensitivity	5590.978	2	2795.489	39.232	0.001
Error	Flexibility	7572.281	42	180.292		
	Anxiety Sensitivity	2992.756	42	71.256		

Table 3 presents the results of between-subject effects tests for examining mean scores of behavioral flexibility and anxiety sensitivity among control, Satir communication

model, and compassion-based cognitive behavioral therapy groups. According to the obtained results, F values for all variables are significant ($P < 0.01$).

Table 4

Intervening Conditions

Dependent Variable	Group 1	Group 2	Mean diff.	S.E	p
Flexibility	Control	Satir	-7.742	2.831	0.027
		CCBT	-15.164	2.831	0.001
	Satir	CCBT	-7.422	2.831	0.036
Anxiety Sensitivity	Control	Satir	8.311	1.780	0.001
		CCBT	15.756	1.780	0.001
	Satir	CCBT	7.444	1.780	0.001

Table 4 includes pairwise comparisons for examining mean scores of behavioral flexibility and anxiety sensitivity

among control, Satir communication model, and compassion-based cognitive behavioral therapy groups.

Based on the obtained results, mean scores of behavioral flexibility for the Satir communication model and compassion-based cognitive behavioral therapy groups are significantly higher than those of the control group ($P < 0.05$). Additionally, mean scores of behavioral flexibility for the compassion-based cognitive behavioral therapy group are significantly higher than those for the Satir communication model group ($P < 0.05$). Mean scores of anxiety sensitivity for the Satir communication model and compassion-based cognitive behavioral therapy groups are significantly lower than those of the control group ($P < 0.05$). Furthermore, mean scores of anxiety sensitivity for the compassion-based cognitive behavioral therapy group are significantly lower than those for the Satir communication model group ($P < 0.05$).

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of compassion-based cognitive-behavioral therapy with the Satir communication model on behavioral flexibility and anxiety sensitivity in couples with marital conflict. To examine the research hypotheses, a two-way mixed (between-within subjects) analysis of variance was used. The results showed that both compassion-based cognitive-behavioral therapy and the Satir communication model led to increased behavioral flexibility and decreased anxiety sensitivity in couples with marital conflict, with compassion-based cognitive-behavioral therapy being more effective between the two approaches. The effectiveness of compassion-based cognitive-behavioral therapy is consistent with previous research by (Ahmadi & Valizadeh, 2021; Asadi et al., 2023; Jacobson et al., 2018; Lowery & Cassidy, 2022; Pace et al., 2009; Rezaei et al., 2020). In explaining the effectiveness of compassion-based cognitive-behavioral therapy, many researchers have reported a significant negative relationship between behavioral flexibility and psychological problems, suggesting that this construct can act as a mediator between mental health and many other variables (Smits et al., 2008). By enhancing individuals' behavioral flexibility, they can resist stressors, anxiety-provoking factors, and elements causing various psychological issues. If we carefully examine the methods of developing behavioral flexibility, we find that those who are properly trained in compassion-based cognitive-behavioral therapy acquire the characteristics of individuals with high behavioral flexibility (Lowery & Cassidy, 2022). These characteristics include accepting that change is part of

life, moving towards goals, developing a positive view of oneself, keeping events in perspective, and learning healthy coping skills. If you learn problem-focused and emotion-focused coping strategies, you have a robust arsenal of useful strategies to employ as needed when facing problems.

The effectiveness of the Satir communication model on behavioral flexibility aligns with previous studies (Banmen, 1999; Ghanbari Hashemabadi et al., 2020; Hagen & Sabey, 2019; Loeshen, 2020; Nemesh, 2016; Okur, 2020). In dysfunctional families, members often feel rejected, unheard, and misunderstood due to an inability to communicate effectively, leading to emotional distancing and most conflicts in the Satir approach stemming from a lack of self-esteem. When members learn effective communication ways, their self-esteem increases, enhancing couples' behavioral flexibility. Group therapy features also play a significant role in this process. One mechanism of group therapy is overcoming feelings of alienation and loneliness, particularly vital for individuals with low behavioral flexibility. The group therapy setting provides a safe, empathetic, and supportive environment, significantly overcoming the helplessness of individuals with low behavioral flexibility (Hagen & Sabey, 2019; Loeshen, 2020). The least benefit of this experience is knowing that others also experience unpleasant thoughts and feelings; they are not alone. Receiving support, interpersonal learning, experiencing hope, and universality are specific to the group that significantly enhances behavioral flexibility. The Satir model primarily involves modeling and educating family members on clarifying relationships with each other (Ghanbari Hashemabadi et al., 2020). In this model, families are encouraged to dedicate specific times for communication and designate special family times for discussing successes, questions, complaints, or solving problems. This time provides an opportunity for planning interaction, learning values, and discussing with each other, serving as a strong factor in improving families' behavioral flexibility (Banmen, 1999; Nemesh, 2016). When members dedicate time to connect with each family member and interact with one another, it leads to closer relationships.

The results of the two-way repeated measures ANOVA showed that the mean scores of anxiety sensitivity significantly decreased in post-test and follow-up stages compared to the pre-test stage. In the control group, the difference between pre-test scores and post-test and follow-up scores, as well as between post-test and follow-up scores, was not significant. Pairwise tests also indicated that the mean scores of anxiety sensitivity for the Satir

communication model and compassion-based cognitive-behavioral therapy groups were significantly lower than those of the control group, with the compassion-based cognitive-behavioral therapy group being more effective than the Satir communication model. This hypothesis aligns with findings by (Aderka et al., 2013; Narimani et al., 2014; Smits et al., 2008) regarding the effectiveness of compassion-based cognitive-behavioral therapy.

Anxiety sensitivity represents the tendency to interpret the physical, psychological, and social outcomes of anxiety experiences as distressing and dangerous (Muris et al., 2001) and plays a role in social anxiety due to the fear of negative evaluation when visible symptoms appear (Ball et al., 1995; Cox et al., 1999). Individuals with high anxiety sensitivity misinterpret their internal feelings, catastrophize, and worry about these feelings, exacerbating their anxiety. Researchers believe that the extent to which anxiety sensitivity leads to psychological pathology depends on how individuals monitor and manage their physical, cognitive, and behavioral anxiety symptoms (Asadi et al., 2023; Jacobson et al., 2018). As long as individuals can tolerate negative thoughts and emotional states without the need to change or avoid them, the presence of high anxiety sensitivity does not pose much of a problem. Increased physiological responses are characteristic of anxiety disorders (Rezaei et al., 2020), often leading to the use of maladaptive strategies to reduce such feelings. One cognitive-behavioral strategy targeting anxiety sensitivity to physical sensations is interoceptive exposure, involving repeated arousal of physiological sensations associated with anxiety and fear. During repeated exposures to frightening sensations in the absence of frightening outcomes, new information is recorded that does not confirm irrational beliefs about these sensations and their outcomes. Moreover, enhancing individuals' ability to cope with anxiety-related sensations and increasing emotional acceptance through learning to tolerate feelings without trying to change or control them are other outcomes facilitated by interoceptive exposure.

Regarding the effectiveness of the Satir model on anxiety sensitivity, it can be said that in this model, it is believed that genetic and innate factors, conditioning history, and social-cultural learning histories of individuals act as vulnerability factors in the emergence of anxious states (Hagen & Sabey, 2019; Loeshen, 2020). Therefore, the Satir communication model, by controlling direct and vicarious conditioning experiences, reducing the perception of uncontrollability and unpredictability of stressful events (marital conflict), and creating cognitive changes in the mind followed by

transformation in interactive responses, emotional awareness, emotional expression, emotional regulation, changing the nature and corrective emotional experiences, reduces individuals' anxiety sensitivity (Hagen & Sabey, 2019). Training skills based on the Satir communication model helps clients accept their controlled emotions and cognitions and free themselves from the verbal rules causing their problems, allowing them to cease conflict and contention with them.

5. Limitations & Suggestions

Like all research, the present study had limitations, including that participants were only couples with conflict from Tehran, so generalizing findings to other cities should be done with caution. Another limitation is that since the study was conducted on couples with conflict, its use for all families should be cautious. Considering that one of the counseling tasks is prevention, psychologists and welfare counselors are suggested to implement the educational workshops conducted in the current study in centers to prevent psychological and social damages, improve mental health, increase intimacy and closeness among young couples. Based on the findings of the current study, it is recommended that family and marriage counselors use the Satir family therapy approach in educational and counseling centers as interventions to reduce couples' anxiety sensitivity and treat their psychological issues and in family and pre-marital classes to promote effective communication and emotional expression, leading to a peaceful and stable marital life.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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