

# Predicting Marital Quality Based on Emotional Empathy and Alexithymia in Nursing Students

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## Abstract

**Background:** Nurses play a vital role in healthcare, and their well-being directly impacts the quality of patient care they provide. However, the demanding nature of nursing work, characterized by long hours, shift work, and emotional strain, can affect their personal lives, including marital quality.

**Objectives:** This study aimed to investigate the relationship between emotional empathy, alexithymia, and marital quality in nursing students in Ahvaz City and to predict marital quality based on emotional empathy and alexithymia.

**Methods:** This study employed a cross-sectional, descriptive-correlational design. The statistical population included all married nursing students at Ahvaz University of Medical Sciences in 2023. A sample of 204 married students was selected using the convenience sampling method. Data were collected using the Revised Dyadic Adjustment Scale (RDAS), Interpersonal Reactivity Index (IRI), and Toronto Alexithymia Scale (TAS). Data were analyzed using the Pearson correlation coefficient and simultaneous regression analysis. SPSS software v27 was used for data analysis.

**Results:** The results showed that emotional empathy had a positive and significant correlation with marital quality ( $p < 0.001$ ), and alexithymia had a negative and significant correlation with marital quality ( $p < 0.001$ ) in nursing students. The results of the simultaneous regression analysis showed that emotional empathy and alexithymia predicted 49% of the variance in marital quality.

**Conclusion:** This study identifies emotional empathy and alexithymia as important factors in marital quality for nursing students. However, recognizing the complexity of marital satisfaction, the authors advocate for interventions that address these factors alongside other relevant contributors.

**Keywords:** Empathy, Alexithymia, Family Conflict, Students, Nursing

## 1. Background

Nursing is a critical profession in society, forming the cornerstone of patient care and contributing significantly to individual and community health and well-being.<sup>1</sup> However, nurses face a unique set of challenges that can negatively impact their personal lives, including marital quality. Long working hours, often exceeding standard workweeks, are a hallmark of the profession. Additionally, nurses frequently encounter stressful working conditions, including high-pressure environments, ethical dilemmas, and exposure to death and dying patients.<sup>2</sup> These factors have been documented to contribute to mental health issues such as stress, anxiety, and emotional exhaustion in nurses. Consequently, nurses may experience irritability, decreased patience, and difficulty detaching from work-related stress, ultimately affecting their ability to connect emotionally with their spouses and families.<sup>3,4</sup> Furthermore, the demanding nature of nursing work often extends to scheduling. Many nurses work irregular shifts, including

nights, weekends, and holidays. This disrupts traditional family routines and makes it challenging to plan personal activities and quality time with spouses and children. The resulting work-life imbalance can lead to feelings of isolation, resentment, and a lack of support within the marital relationship, potentially contributing to marital discord and dissatisfaction.<sup>5</sup>

Marital quality, defined as the overall state of satisfaction and well-being within a marriage, is a crucial factor for nurses' well-being.<sup>6,7</sup> Extensive research has shown a strong link between high marital quality and positive psychological outcomes, including increased happiness and emotional well-being.<sup>8</sup> For nurses, who face demanding work schedules and stressful working conditions, a supportive and fulfilling marital relationship can be a critical buffer against these challenges.<sup>9</sup> However, the very nature of nursing work, with its long hours and irregular shifts, can strain marital quality.<sup>5</sup> Studies have shown that these demanding work schedules can disrupt

family routines, lead to communication difficulties, and contribute to stress and burnout, ultimately affecting marital satisfaction.<sup>10,11</sup> Additionally, research suggests that emotional intelligence, encompassing empathy and effective communication skills, plays a significant role in fostering healthy relationships.<sup>12</sup>

Emotional empathy, the ability to understand and share the feelings of others, is a crucial component of successful interpersonal relationships.<sup>13</sup> For nurses, who navigate complex emotional situations daily, emotional empathy plays a particularly important role in marital quality.<sup>14</sup> Studies have shown that empathy fosters positive social interactions and strengthens interpersonal bonds.<sup>14,15</sup> In the context of marriage, Brandão et al.<sup>16</sup> found a significant correlation between empathy, marital expectations, and overall marital satisfaction. For nurses specifically, emotional empathy likely contributes to a supportive and understanding marital relationship, buffering against the stress and challenges they encounter at work. Conversely, difficulty understanding or responding to a spouse's emotions could lead to communication problems and marital discord.

Alexithymia is a psychological construct that refers to difficulties in identifying, processing, and expressing emotions.<sup>17</sup> Individuals with alexithymia experience challenges in expressing emotions, have difficulty recognizing emotions in others and have limited capacity for empathy and self-awareness.<sup>18</sup> They may present with a flat and expressionless facial affect, and experience anxiety and tension primarily through physical symptoms. Additionally, they may struggle to find words to describe their feelings and emotions.<sup>19</sup> Research has demonstrated that alexithymia can significantly impact marital quality. For instance, Panahi et al.<sup>20</sup> found a significant correlation between alexithymia and perceived marital relationship quality in a sample of Iranian adults. Alexithymia can negatively impact marital quality through several mechanisms.<sup>21</sup> It can make it difficult for individuals to communicate their emotions and needs to their partners, leading to misunderstandings and conflict.<sup>22</sup> Moreover, the inability to express and understand emotions can hinder emotional intimacy and connection between partners. Difficulties in regulating emotions can lead to increased stress and anxiety, which can strain the marital relationship. Alexithymia can make it difficult for partners to constructively resolve conflicts, leading to resentment and bitterness.<sup>23</sup>

The challenges of the nursing profession, including long hours, irregular shifts, and exposure to emotional distress, can negatively impact nurses' personal lives, potentially leading to marital problems and decreased marital quality. Conversely, a supportive and fulfilling marital relationship can serve as a buffer against these work-related stressors, contributing to nurses' well-being and job satisfaction. Understanding the factors influencing

marital quality in nurses is crucial to support their overall well-being. This study focused on nursing students for several reasons. Firstly, nursing students are on the cusp of entering the profession and are likely to soon experience the demanding work environment firsthand. Investigating their current marital experiences can provide valuable insights into potential challenges they may face later. Secondly, studying this population allows researchers to control for certain variables that might influence marital dynamics in practicing nurses, such as the presence of young children or long-term relationship issues. Overall, this research can help better understand the challenges faced by nurses in their marital lives and provide appropriate solutions to improve their marital quality. Therefore, considering the points above the present study aimed to investigate the relationship between emotional empathy, alexithymia, and marital quality in nursing students of Ahvaz City.

## 2. Objectives

Considering the points above the present study aimed to investigate the relationship between emotional empathy, alexithymia, and marital quality in nursing students of Ahvaz City.

## 3. Methods

This study employed a descriptive correlational design to investigate the relationships between variables of interest in a sample of married nursing students. The target population encompassed all married nursing students enrolled in universities within Ahvaz during the 2022-2023 academic year. Convenience sampling was utilized for participant recruitment, with research questionnaires distributed accordingly. Inclusion criteria for participation were: (1) expressed willingness to participate, (2) complete response to all questionnaire items, (3) current marital status, and (4) minimum marital duration of one year. Exclusion criteria encompassed participants who were unwilling to participate or provided incomplete responses. Building upon Kline's<sup>24</sup> recommendation for a minimum sample size of 200, and anticipating potential participant attrition, a recruitment target of 220 was established. Ultimately, 204 participants completed the questionnaires in their entirety and were included in the subsequent analyses. This study adhered to ethical principles outlined in (IR.IAU.AHVAZ.REC.1402.078). Before participating, all nursing students provided written informed consent after receiving a comprehensive explanation of the study's purpose, procedures, potential risks and benefits, and their right to withdraw at any time. The anonymity and confidentiality of participants' data were ensured throughout the research process.

### 3.1. Instruments

#### 3.1.1. The Revised Dyadic Adjustment Scale (RDAS)

The RDAS served as the instrument to assess marital quality in the present study. Developed by Busby et al.,<sup>25</sup> the RDAS is a self-report questionnaire comprised of 14 items that measure three key aspects of marital satisfaction: consensus, satisfaction, and cohesion. Each item is rated on a 6-point Likert scale. An example item from the RDAS includes: "How often do you discuss or have you considered divorce, separation, or terminating your relationship?" This example illustrates the focus on communication and commitment within the marital relationship. The internal consistency of the RDAS in this study was evaluated using Cronbach's alpha coefficient, yielding a value of 0.83, indicative of good reliability for the measure.

### 3.1.2. Interpersonal Reactivity Index (IRI)

Empathy levels were assessed using the Interpersonal Reactivity Index (IRI), a self-report measure developed by Davis.<sup>26</sup> The IRI comprises 21 items that tap into three core dimensions of empathy: Empathic concern: This subscale captures other-oriented emotions arising from understanding another person's needs and perspectives (perspective-taking). Perspective-taking: This subscale assesses the ability to understand situations and events from the viewpoint of others, rather than solely focusing on one's own perspective. It also reflects the ability to comprehend the thoughts, feelings, and emotions of others. Personal distress: This subscale measures negative and self-focused emotional reactions, such as anxiety, worry, and sadness, that stem from understanding or perceiving the emotional or situational state of others. The IRI utilizes a four-point Likert scale, with a minimum possible score of 21 and a maximum of 84. In their study, Golbabaie et al.<sup>27</sup> reported a Cronbach's alpha coefficient of 0.71, indicating acceptable internal consistency for the IRI in their population.

### 3.1.3. Toronto Alexithymia Scale (TAS)

The TAS, developed by Bagby et al.,<sup>28</sup> served as the instrument to assess alexithymia in this study. This self-report questionnaire comprises 20 items that measure three key aspects of alexithymia: Difficulty identifying feelings: This subscale evaluates the individual's challenge in recognizing and labeling their own emotions. Difficulty describing feelings: This subscale assesses the individual's difficulty in communicating their emotions to others. Externally oriented thinking: This subscale measures the individual's tendency to focus on external cues and events, rather than their internal emotional states. The TAS utilizes a 5-point Likert scale, with higher scores indicating greater levels of alexithymia. Four items (4, 10, 18, and 19) are reverse-scored before calculating the total score, which is the sum of all items. The internal consistency of the TAS in this study was evaluated using Cronbach's alpha, yielding a value of

0.82, indicative of good reliability for the measure. Convergent with past findings,<sup>29</sup> the Persian version of the TAS exhibited a Cronbach's alpha of 0.75, indicating adequate internal consistency.

## 3.2. Data Analysis

Descriptive statistics (means and standard deviations) were calculated for all research variables to provide an overview of the data distribution. Pearson correlation coefficients were calculated to assess the strength and direction of the relationships between marital quality, empathy, and alexithymia. Moreover, a simultaneous regression analysis was conducted to determine the extent to which empathy and alexithymia predicted marital quality scores. SPSS software v27.0 was used for data analysis.

## 4. Results

Two hundred four nursing students participated in this study. The participants had a mean age of 32.87 years ( $SD = 4.40$ ). The sample demographics reflected a gender distribution of 72.55% female ( $n = 148$ ) and 27.45% male ( $n = 56$ ). The mean duration of cohabitation among the participants was 6.35 years ( $SD = 2.69$ ). Descriptive statistics for the study variables are presented in Table 1.

**Table 1.** Mean, and Standard Deviation (SD) of the Research Variables

Variables	Mean	SD
Marital quality	32.53	9.57
Emotional empathy	49.58	12.09
Alexithymia	59.46	15.48

**Table 2.** Pearson Correlation Coefficients of the Research Variables

Variables	Marital quality	
	r	p
Emotional empathy	0.69	0.001
Alexithymia	-0.63	0.001

Table 2 presents the correlation coefficients for the research variables. The results revealed a significant positive correlation ( $r = 0.69$ ,  $p < 0.001$ ) between emotional empathy and marital quality among the nursing student participants. This indicates a moderate to strong association, suggesting that higher levels of emotional empathy were associated with better marital quality. Conversely, a significant negative correlation ( $r = -0.63$ ,  $p < 0.001$ ) was observed between alexithymia and marital quality. This suggests a moderate negative association, implying that higher levels of alexithymia were linked to poorer marital quality.

This study assessed the assumption of normality for the data by examining skewness and kurtosis values. All variables exhibited skewness values within the acceptable range of -2 to +2. Similarly, kurtosis values for all variables fell within the range of -2 to +2. These findings support the assumption of normal distribution for the study variables. To investigate which variable had a more

effective role in predicting marital quality, a simultaneous regression analysis was conducted. Emotional empathy and alexithymia were entered as predictor variables, and marital quality was entered as the dependent variable in the equation. The results are presented in Table 3. According to the results, both emotional empathy and alexithymia were significant predictors of marital quality, with the model explaining 49% of the total variance in marital quality ( $R^2 = 0.49$ ). Emotional empathy had a positive and statistically significant relationship with

marital quality ( $\beta = 0.44$ ,  $p < 0.001$ ). This indicates that for every one-unit increase in emotional empathy scores, marital quality scores increased by 0.44 units, on average, after controlling for the effects of alexithymia in the model. Conversely, alexithymia had a negative and statistically significant relationship with marital quality ( $\beta = -0.33$ ,  $p < 0.001$ ). This suggests that for every one-unit increase in alexithymia scores, marital quality scores decreased by 0.33 units, on average, after controlling for emotional empathy.

**Table 3.** Results of Simultaneous Regression Analysis

Predictor variable	R	R <sup>2</sup>	F	B	$\beta$	t	p
Emotional empathy				0.35	0.44	4.66	0.001
Alexithymia	0.70	0.49	96.64	-0.21	-0.33	-4.81	0.001
Constant				27.52	-	5.78	0.001

## 5. Discussion

This study aimed to investigate the relationship between emotional empathy, alexithymia, and marital quality in nursing students in Ahvaz City. The findings of the present study revealed that both emotional empathy and alexithymia had significant associations with marital quality in nursing students. Together, these variables explained 49% of the variance in marital quality. Emotional empathy was found to have a positive and significant relationship with marital quality in nursing students. This result is consistent with previous research by Kaveh Farsani.<sup>30</sup>

Empathy can be defined as the cognitive and emotional ability to understand and respond to the psychological states (emotions, thoughts, and motivations) of others with appropriate emotions. According to previous research, empathy is one of the components of social cognition that guides interactions in the right direction.<sup>31</sup> Empathy involves the ability to understand and experience the feelings of others and to respond appropriately to the situation. In an empathetic relationship, individuals can manage their own emotions and feelings and align their behavior with the expectations of others in society. Additionally, individuals with high levels of empathy tend to exhibit more prosocial behaviors, while those with low levels of empathy tend to engage in more antisocial behaviors.<sup>30</sup>

Another finding of the present study was that alexithymia had a negative and significant relationship with specific marital quality. This finding is consistent with previous research by Zakeri et al.<sup>21</sup> Individuals who can identify their own emotions and effectively express their emotional states are better equipped to deal with life's challenges and are more successful in adapting to their environment and others. In contrast, individuals with alexithymia experience difficulties in the cognitive processing, perception, and evaluation of emotions due to their inability to identify and regulate their emotions. This inability can disrupt the organization of their

emotions and cognitions, hindering successful adaptation.<sup>21</sup> Consequently, the couple's relationship may suffer from conflict, boredom, and a lack of intimacy, which can lower the quality of their marital life. Because successful and satisfying romantic relationships require the ability to identify and express emotions to one's partner, the presence of alexithymia in couples can be a predictor of marital conflict.<sup>32,33</sup>

The present study has several limitations that should be acknowledged. First, the sample was limited to nursing students in Ahvaz, Iran, recruited through convenience sampling. This convenience sampling approach introduces selection bias, potentially limiting the generalizability of the findings to the broader population of nursing students, both within and outside of Ahvaz. Students who were readily available to participate might not be representative of all nursing students, particularly those with work or family commitments that limit their time. The study relied on self-report instruments, which may be susceptible to social desirability bias. Participants might be inclined to provide answers that they perceive as more favorable, potentially affecting the accuracy of the reported levels of emotional empathy, alexithymia, and marital quality.

While emotional empathy and alexithymia emerged as significant predictors, explaining nearly half (49%) of the observed variance in marital quality within this sample, it is crucial to acknowledge the remaining unexplained variance (51%). This highlights the complexity of marital satisfaction and the potential influence of other unmeasured factors. Communication skills, conflict resolution styles, social support networks, and religious beliefs are all examples of relevant variables that might influence marital quality but were not included in the current model.

Furthermore, the use of self-report measures introduces the possibility of measurement error. Participants' responses might not perfectly capture their true levels of emotional empathy, alexithymia, or marital quality. Additionally, the study's generalizability might be limited, as it focused

on nursing students in a specific location. Marital quality experiences of nurses in different practice settings or career stages might be influenced by additional factors not explored in this sample. Future research can address these limitations by incorporating a broader range of variables, potentially including those mentioned above. Utilizing more objective measures and expanding the study population to encompass nurses in diverse contexts could provide a more comprehensive understanding of the factors influencing marital quality in this population.

## 6. Conclusion

The findings revealed that emotional empathy had a significant positive correlation with marital quality, while alexithymia had a significant negative correlation. Furthermore, the simultaneous regression analysis indicated that emotional empathy and alexithymia together explained nearly half of the variance in marital quality among these students. These results highlight the importance of both emotional intelligence and emotional regulation skills for marital well-being in nursing students. The ability to understand and share the emotions of one's spouse (emotional empathy) appears to foster stronger marital quality, whereas difficulty identifying and expressing emotions (alexithymia) seems to be detrimental to marital satisfaction. Future research directions could explore potential interventions to enhance emotional empathy and reduce alexithymia in couples, aiming to improve overall marital quality. For example, interventions might incorporate components of cognitive-behavioral therapy (CBT) to help couples develop better communication skills for expressing and understanding emotions.

### Research Highlights

#### What Is Already Known?

Nurses' well-being can impact patient care. This implies that factors affecting a nurse's personal life, like marital quality, can influence their professional performance. Moreover, research on factors affecting marital quality is important. This highlights the general understanding that factors like emotional intelligence can influence marital satisfaction.

#### What Does This Study Add?

This research digs deeper into marital quality for nursing students, a group facing academic pressure and potentially family planning. It focuses on two emotional intelligence aspects: emotional empathy (understanding a partner's feelings) and alexithymia (difficulty identifying and expressing emotions). The study goes beyond just linking these to marital quality, but explores how much they can actually predict a nursing student's overall marital satisfaction.

### Author Contributions

NEM conceptualized the study. NEM and MS formulated

the methodology. NEM and KKM had done data collection. NEM and MS extracted and analyzed the data. NEM and MS drafted the manuscript. MS and KKM critically evaluated and revised the manuscript. All authors read and approved the manuscript.

### Conflict of Interest Disclosures

All authors declared that they have no conflict of interest.

### Ethical Approval

The study was approved by the Ethical Committee of Islamic Azad University- Ahvaz Branch (code: IR.IAU.AHV.AZ.REC.1402.078).

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### References

- Babapour AR, Cahassab-Mozaffari N, Fathnezhad-Kazemi A. Nurses' job stress and its impact on quality of life and caring behaviors: a cross-sectional study. *BMC Nurs.* 2022;21(1):75. doi:10.1186/s12912-022-00852-y
- Ghaffari M, Esmali A, Mohammadi R, Aligolipour M, Ramazani Alalani Z. The Mediating Role of Mental Toughness in the Relationship between Meta-Emotion and Co-Rumination with Health Anxiety in Hospital Nurses. *Hosp Pract Res.* 2023;8(2):245-52. doi:10.30491/hpr.2023.404124.1398
- Azimian J, Piran P, Jahanihashemi H, Dehghankar L. Investigation of marital satisfaction and its relationship with job stress and general health of nurses in Qazvin, Iran. *Electron Physician.* 2017;9(4):4231. doi:10.19082/4231
- Wolotira EA. Trauma, compassion fatigue, and burnout in nurses: The Nurse Leader's response. *Nurse Leader.* 2023;21(2):202-6. doi:10.1016/j.mnl.2022.04.009
- Oh HK, Cho SH. Effects of nurses' shiftwork characteristics and aspects of private life on work-life conflict. *Plos One.* 2020;15(12):e0242379. doi:10.1371/journal.pone.0242379
- Mehrra A, Mazaheri MA, Hasanzadeh A. The survey of quality of life, perceived stress, and its relationship with marital satisfaction in married women working at health centers. *J Educ Health Promot.* 2019;8(1):249. doi:10.4103/jehp.jehp\_349\_19
- Ahmadi L, Panaghi L, Sadeghi MS, Zamani Zarchi MS. The mediating role of personality factors in the relationship between family of origin health status and marital adjustment. *J Res Health.* 2020;10(4):239-48. doi:10.32598/JRH.10.4.1526.1
- Hsu TL, Barrett AE. The association between marital status and psychological well-being: Variation across negative and positive dimensions. *J Fam Issues.* 2020; 41(11):2179-202. doi:10.1177/0192513X20910184
- Gordahani A, Tamini BK. The Role of Blood Groups in Health Anxiety, Marital Adjustment, and Quality of Life in Nurses. *Med Surg Nurs.* 2022;11(2):e130349. doi:10.5812/msnj-130349
- De Hert S. Burnout in healthcare workers: prevalence, impact and preventative strategies. *Local Reg Anesth.* 2020:171-83.
- Nejatian M, Alami A, Momeniyan V, Delshad Noghabi A, Jafari A. Investigating the status of marital burnout and related factors in married women referred to health centers. *BMC Women's Health.* 2021;21:25. doi:10.1186/s12905-021-01172-0
- Coronado-Maldonado I, Ben í tez-M á rquez MD.

- Emotional intelligence, leadership, and work teams: A hybrid literature review. *Heliyon*. 2023:e20356. doi:10.1016/j.heliyon.2023.e20356
13. Wang L, Shan M. Effects of empathy nursing on the quality of life and treatment compliance of elderly patients with cerebral infarction. *Am J Transl Res*. 2021;13(10):12051.
  14. Ringwald WR, Wright AG. The affiliative role of empathy in everyday interpersonal interactions. *Eur J Pers*. 2021;35(2):197-211. doi:10.1002/per.2286
  15. Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The Role of Empathy in Health and Social Care Professionals. *Healthcare (Basel)*. 2020;8(1):26. doi:10.3390/healthcare8010026
  16. Brandro T, Brites R, Hipylito J, Pires M, Nunes O. Dyadic coping, marital adjustment and quality of life in couples during pregnancy: an actor-partner approach. *J Reprod Infant Psychol*. 2020;38(1):49-59. doi:10.1080/02646838.2019.1578950
  17. Luminet O, Nielson KA, Ridout N. Having no words for feelings: alexithymia as a fundamental personality dimension at the interface of cognition and emotion. *Cogn Emot*. 2021;35(3):435-48. doi:10.1080/02699931.2021.1916442
  18. Kılıçaslan AK, Yıldız S, Emir BS, Kılıç F. Alexithymia, reading the mind in the eyes and empathy in patients with antisocial personality disorder. *La Presse Médicale Open*. 2022;3:100034. doi:10.1016/j.lpmope.2022.100034
  19. Nam G, Lee H, Lee JH, Hur JW. Disguised emotion in alexithymia: subjective difficulties in emotion processing and increased empathic distress. *Front Psychiatry*. 2020;11:533792. doi:10.3389/fpsy.2020.00698
  20. Panahi MS, Hoseinzadeh A, Razaghpour M, Hosieni N. Formulating a model for the relationship between alexithymia, social support, loneliness, and marital satisfaction: Path analysis model. *J Family Med Prim Care*. 2018;7(5):1068-73. doi:10.4103/jfmpc.jfmpc\_3\_18
  21. Zakeri F, Rezaei M. The Role of Alexithymia and Dysfunctional Reactions in Predicting Marital Intimacy. *Pract Clin Psychol*. 2022;10(4):329-42. doi:10.32598/jpcp.10.4.850.1
  22. Frye-Cox NE, Hesse CR. Alexithymia and marital quality: The mediating roles of loneliness and intimate communication. *J Fam Psychol*. 2013;27(2):203-11. doi:10.1037/a0031961
  23. Karukivi M, Tolvanen M, Karlsson L, Karlsson H. Is alexithymia linked with marital satisfaction or attachment to the partner? A study in a pregnancy cohort of parents-to-be. *Compr Psychiatry*. 2014; 55(5):1252-7. doi:10.1016/j.comppsy.2014.03.019
  24. Kline RB. *Principals and practice of structural equation modeling*. NY: Guilford Press. 1998.
  25. Busby DM, Christensen C, Crane DR, Larson JH. A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales *J Marital Fam Ther*. 1995;21(3):289-308. doi:10.1111/j.1752-0606.1995.tb00163.x
  26. Davis MH. A multidimensional approach to individual differences in empathy. *JSAS*. 1980;10:85-104.
  27. Golbabaei S, Barati M, Haromi ME, Ghazazani N, Borhani K. Development and construct validation of a short form of the interpersonal reactivity index in Iranian community. *Curr Psychol*. 2023;42(16):14038-50. doi:10.1007/s12144-022-02716-9
  28. Bagby RM, Parker JD, Taylor GJ. The twenty-item Toronto Alexithymia Scale—I. Item selection and cross-validation of the factor structure. *J Psychosom Res*. 1994;38(1):23-32. doi:10.1016/0022-3999(94)90005-1
  29. Besharat MA. Assessing reliability and validity of the Farsi version of the Toronto Alexithymia Scale in a sample of substance-using patients. *Psychol Rep*. 2008;102(1):259-70. doi:10.2466/pr0.102.1.259-270
  30. Kaveh Farsani Z. Evaluating the model investigating the relationship between apology and the marital relationships quality: the mediating of marital empathy and emotional forgiveness. *JAC*. 2021;10(2): 51-72.
  31. Alimohammadi F, Aghajani A. Predicting quality of marital life based on couples commitment, and empathy in married students of Islamic Azad University, Qom Branch. *Shenakht J Psychol Psychiatry*. 2021;8(4):135-45. doi:10.32598/shenakht.8.4.135
  32. Zdankiewicz-Ścigała E, Ścigała DK, Trzebiński J. Alexithymia in the Narratization of Romantic Relationships: The Mediating Role of Fear of Intimacy. *J Clin Med*. 2024;13(2):404. doi:10.3390/jcm13020404
  33. Khosravi T, Ghahari S, Ahadi F. Relationship between Attachment Style and Alexithymia with Marital Dissatisfaction. *Middle East J Rehabil Health Stud*. 2015;2(3):e29709. doi:10.17795/mejrh-29709