



## The Mediating Role of Psychosomatic Symptoms in the Relationship between Personality Characteristics and Marital Conflicts

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### Quantitative Study

#### Abstract

**Background:** Personality characteristics can be used to predict a person's behavior in various life situations, including marriage. This study was conducted to investigate the mediating role of psychosomatic symptoms in the relationship between personality characteristics and marital conflicts.

**Methods:** The present descriptive correlational study was performed on all conflicting couples referring to the counseling centers in Mashhad, Iran, in 2018. The sample included 200 conflicting couples referring to the thought and behavior counseling centers in Mashhad selected using convenience sampling method. Cattell's Sixteen Personality Factor (16PF) Questionnaire, Takata and Sakata's Psychosomatic Complaints Scale, and the Marital Conflict Questionnaire were used to collect data. Data were analyzed using Pearson correlation coefficient and path analysis in SPSS and LISREL software.

**Results:** The results showed that personality characteristics can be used to predict a person's behavior in various life situations including marriage, and that there was a significant relationship between personality characteristics and marital conflicts ( $P < 0.01$ ).

**Conclusion:** It can be concluded that psychosomatic symptoms have a mediating role in the relationship between personality characteristics and marital conflicts.

**Keywords:** Family Conflict; Psychophysiological Disorders; Personality

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## Introduction

Conflict in marriage occurs when there is disagreement, incompatibility, or lack of understanding between the couple. In addition, marital conflicts can be considered as a function of disagreement in personal goals, values, ideals, and behavioral priorities (Step toe, Wardle, Pollard, Canaan, & Davies, 1996). Each of the different theories of family therapy has its own definition of conflict. According to Glasser (2001), for example, marital conflict is caused by a couple's differences in the type of needs and method of satisfaction, self-centeredness, desires, behavioral schemas, and irresponsible behavior toward marital relationships. Young and Long (1998), however, see systemic conflict as the result of any conflict over the acquisition of power and resources between couples. In addition, research on the effects of marital conflict has been very extensive and has examined its consequences from parenting to sexual disorders in couples. If the conflict is well managed, it is accompanied by growth and even an increase in marital satisfaction, while failure to manage and resolve the conflict will increase it (Greeff, 2000). Moreover, if stress, which is one of the main consequences of conflict, persists for a long time, short-term body reactions including psychosomatic problems become long-term reactions (Falahati & Mohammadi, 2020). Lack of objective expression of emotions leads to the experience of unpleasant thoughts and arousals, followed by a lack of knowledge of the individual's feelings. Automatic negative thoughts can eventually lead to increased dissatisfaction with marriage due to their negative impact on the maintenance of a strong emotional relationship between a couple (Bjelland, Dahl, Haug, & Neckelmann, 2002).

Moshtaghi and Allameh (2012) investigated the relationship between stress and psychosomatic diseases in nurses in Isfahan, Iran, and showed that psychosomatic disorders such as heartburn, ulcers and indigestion, neck and shoulder muscle cramps, forgetfulness, and anger and worry were increasing significantly among nurses. In this study, in general, moderate stress was seen among most nurses and it was reported that the prevalence of mental illness increases with increasing stress (Shabbeh, Feizi, Afshar, Hassanzade Kashtali & Adibi, 2016). Although studies on psychosomatic disorders in Iran are very limited, they have often been performed on limited and specific populations such as staff, students, the blind people (Sadrai, Barati, Hadadi, Zalpoor Moghadami, 2012), and nurses (Hekmatravan, Samsun Shariat, Khani, Khademi, 2012), or in specific and concentrated areas (Sarason & Sarason, 1987).

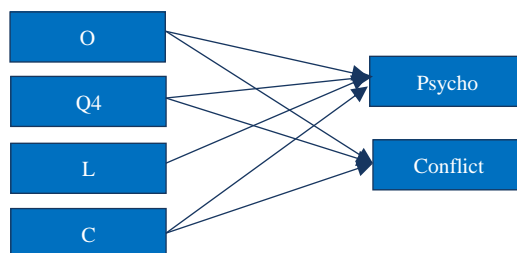
In the study by Shabbeh, Feizi, Afshar, Hassanzade Kashtali, and Adibi (2016), based on a large sample of the Iranian adult population and using 32 symptoms, the 4 main categories of psychosomatic disorders in men and women were identified, which include gastrointestinal, general, respiratory, and psychological symptoms. In this study, the mean score of gastrointestinal disorders for men was 15.37 and for women 11.74, the mean of general disorders for men was 12.44 and for women 11.52, the mean of disorders for men was 11.74 and for women was 10.66, and the mean of mental disorders was 5.19% for men and 7.60% for women (Khodayarifard, Sadeghi, & Abedini, 2007). The results of studies on psychosomatic disorders have shown that these disorders are more common among women than men under the age of 70. Symptoms of these disorders usually begin before the age of 30 and continue for several years (Cash, Jakatdar, & Williams, 2004).

Moreover, in relation to the prevalence of these disorders in Iran, the findings of a study on clients of the Welfare Organization of Iran showed that 45.7% of these people were at a mild level and 54.3% were at moderate and high levels. The most

common psychosomatic disorders were knee joint pain, elbow pain, nerve headaches, shoulder and back pain, constipation, gastric ulcer, menstrual disorders, and arthritis, respectively (Bozo, Ar, & Dilay Eldogan, 2019).

For this purpose, using a single subject design (AB type), 5 people with muscle and bone pain who referred to a private center for chiropractic treatment were selected, studied, and treated using a family therapy method based on cognitive-behavioral techniques with chiropractic. The results showed the high effectiveness and efficiency of this combined therapy. Among the possible reasons for the effectiveness of this method of treatment were the regulation of the spine of patients with low back pain and neck pain, and the simultaneous recognition of the underlying psychological causes of these pains and elimination of these causes through cognitive-behavioral psychotherapy. Researchers believed that one of the reasons for the effectiveness of family, cognitive-behavioral therapy combined with chiropractic in the treatment of musculoskeletal disorders (back pain and neck pain) was that it has been tested and controlled not only by regulating the spine (physical symptoms), but also by equipping these patients with skills such as problem solving, effective communication, anger management, and effective coping with daily pressures and tensions by participating in psychotherapy sessions, and as a result, this method has effectively and positively affected the psychological and social factors that create stress. Thus, they have healthy relationships with others and have been able to overcome their conflicts with others (Sayehmiri, Kareem, Abdi, Dalvand, & Gheshlagh, 2020). Therefore, it can be concluded that variables such as the ability to manage emotions and problem solving are among the mediating and influential variables in the patient's vulnerability to psychosomatic disorders.

As personality characteristics become relatively stable over time, they can be used to predict a person's behaviors in various life situations, including marital relationships. The main limitation of this study was that most of the reviewed articles did not provide sufficient information on the subject under study or only examined the relationship between marital satisfaction and neurosis (Ismaili & Shokohian, 2012). In general, past research efforts and findings have rarely addressed the relationship between marital conflicts, psychosomatic complaints, and personality characteristics, and no model has been proposed to determine the vulnerability of individuals to these complaints. In the present study, in addition to determining the relationship between individual personality characteristics and marriage, the mediating role of psychosomatic complaints in this regard was also measured and evaluated (Figure 1).



**Figure 1.** The conceptual model of the mediating role of psychosomatic symptoms in the formation of marital conflicts based on personality traits

## Methods

The present study was an applied, descriptive-correlational research. The statistical population included all couples with marital conflicts referring to counseling centers in Mashhad, Iran, in 2018. The sample included 200 couples referring to the thought and behavior counseling centers in Mashhad, who were selected using convenience sampling method. To determine the number of samples, 10 to 15 individuals were selected for each manifest variable and 200 were selected based on the existing variables. The inclusion criteria included a minimum of 1 year of living together, the couple's willingness to complete the tests, no history of psychiatric illness, and a high score on the Marital Conflict Questionnaire. The exclusion criteria were unwillingness to participate in the research and a chronic physical illness in either one or both spouses. After coordinating with Isfahan University of Medical Sciences, Iran, and obtaining the necessary permits, coordinating with Andisheh and Raftar counseling centers, and interviewing the participants and obtaining their informed consent to participate in the study, Cattell's Sixteen Personality Factor (16PF) Questionnaire and Takata and Sakata's Psychosomatic Complaints Scale were distributed among the participants.

Ethical principles were taken into consideration in the present study. All individuals received information about the research in writing and participated in the research voluntarily. They were assured that all information would remain confidential and would be used for research purposes alone. The participants' first and last names were not recorded in order to maintain their privacy.

*Cattell's Sixteen Personality Factor Questionnaire:* The 16PF Questionnaire was designed based on factor analysis using the list of Allport's personality traits; after reducing them to 171 traits in 36 dimensions, 16 distinct and profound factors that explain the changes in 36 personality dimensions were selected. The validity of the Persian version of the 16PF was evaluated by Barzegar (1996) among high school students. Its average Cronbach's alpha coefficient was 0.54. The mean validity coefficient of the factors was 0.76, which indicated that the validity of the questionnaire was acceptable.

*Takata and Sakata's Psychosomatic Complaints scale:* The Psychosomatic Complaints Scale was constructed and validated in Japan and consists of 30 items. The items are scored on a scale ranging from 0 to 3 (never-repeatedly), and the total score of the scale ranges from 0 to 90. The Concurrent validity of the questionnaire was 0.64 and 0.65 in 2 separate studies. It had sufficient face validity, content validity, concurrent validity ( $r = 0.68$ ), and structural validity (explanation of 33.10% of the variance in sections by 1 factor). The scale also had appropriate test-retest reliability ( $r = 0.83$ ) and internal consistency ( $\alpha = 0.85$ ).

*Marital Conflict Questionnaire:* For the variable of marital conflicts, the 54-item Marital Conflicts Questionnaire (2011) was used. This questionnaire measures 8 dimensions of marital conflict. The items are scored on a 5-point Likert scale ranging from 1 to 5 (never to always). The questionnaire includes a number of reverse-scored questions. The maximum and minimum total score of this questionnaire is, respectively, 270 and 54; thus, the score of 54 indicates the lowest level of marital conflicts and the score of 270 indicates the highest level of marital conflicts. Cronbach's alpha obtained for the whole questionnaire in a group of 270 people was equal to 0.96, and for its 8 subscales of reduction of cooperation, decreased sex, increased emotional reactions, increased child support, increased personal relationship with relatives, decreased family relationship with spouse's relatives and friends, separation of finances, and effective communication

reduction it was 0.81, 0.61, 0.70, 0.33, 0.86, 0.89, 0.71, and 0.69, respectively. The Marital Conflicts Questionnaire has good content validity. In the test content analysis stage, after the preliminary implementation and calculation of the correlation of each question with the whole questionnaire and its subscales, no item was deleted due to the appropriate correlation of all questions.

The data collected in the present study were analyzed using descriptive statistics (mean and standard deviation), Pearson correlation coefficient, path analysis, and structural equation method in SPSS (version 22; IBM Corp., Armonk, NY, USA) and LISREL statistical software (version 8.80).

## Results

The mean and standard deviation of the age of women, men, and all the participants were  $27.85 \pm 5.77$ ,  $33.33 \pm 5.68$ , and  $30.61 \pm 6.34$  years, respectively. Among the participants, 4, 84, 27, 177, 74, and 18 had high school, diploma, associated degree, bachelor's degree, master's degree, and doctoral degree, respectively. There were also 16 students. Descriptive indices and correlation coefficients between the research variables are reported in table 1.

The results presented in table 1 show that among Cattell's personality factors, apprehension (O), vigilance (L), tension (Q4), abstractedness (M), emotional stability (C), consciousness (G), social boldness (H), and perfectionism (Q3) had a significant relationship with marital conflicts ( $P < 0.05$ ). Moreover, among Cattell's personality factors, O, L, Q4, liveliness (F), C, G, H, and Q3 had a significant relationship with psychosomatic symptoms ( $P < 0.05$ ). Furthermore, there was a significant relationship between psychosomatic symptoms and marital conflicts ( $P < 0.05$ ). Path analysis method was used to investigate data. Nevertheless, first, the normality of the criterion variable was investigated. The results of skewness ( $K = -0.16$ ) and the Shapiro-Wilk test (Statistic = 0.995;  $P = 0.21$ ) showed that the distribution of the variable of marital conflicts was normal.

According to the results presented in table 2, the direct effect of O, Q4, and C, and psychosomatic symptoms on marital conflict was significant, but the direct effect of L was removed from the model due to its insignificance. The direct effects of O, Q4, L, and C variables on the psychosomatic symptoms were significant. The indirect effects of O, Q4, L, and C variables on marital conflicts were significant through psychosomatic symptoms.

**Table 1.** Mean, standard deviation, and correlation coefficients between the research variables

Variables	Marital conflict	Psychosomatic	A	B	C	E	F	G		
Marital conflicts	-	0.46**	-0.06	-0.006	-0.52**	0.05	-0.07	-0.13**		
Psychosomatic symptoms	-0.46**	-	0.02	-0.07	-0.48**	0.01	-0.13**	-0.11**		
Mean $\pm$ SD	139.72 $\pm$ 18.12	29.96 $\pm$ 14.48	7.76 $\pm$ 2.21	2.30 $\pm$ 1.34	4.76 $\pm$ 2.32	5.96 $\pm$ 2.21	6.23 $\pm$ 2.40	5.25 $\pm$ 2.07		
Variables	H	I	L	M	N	O	Q1	Q2	Q3	Q4
Marital conflicts	-0.25**	0.01	0.30**	-0.12**	0.03	0.44**	-0.03	0.06	-0.22**	0.49**
Psychosomatic symptoms	-0.27**	0.07	0.34**	-0.04	0.05	0.38**	-0.06	0.05	-0.19**	0.47**
Mean $\pm$ SD	6.25 $\pm$ 2.36	6.59 $\pm$ 1.86	5.09 $\pm$ 2.17	5.05 $\pm$ 1.86	4.94 $\pm$ 2.05	6.11 $\pm$ 1.88	4.59 $\pm$ 2.02	5.33 $\pm$ 1.96	3.86 $\pm$ 1.72	6.73 $\pm$ 2.17

**Table 2.** Direct and indirect effects of variables

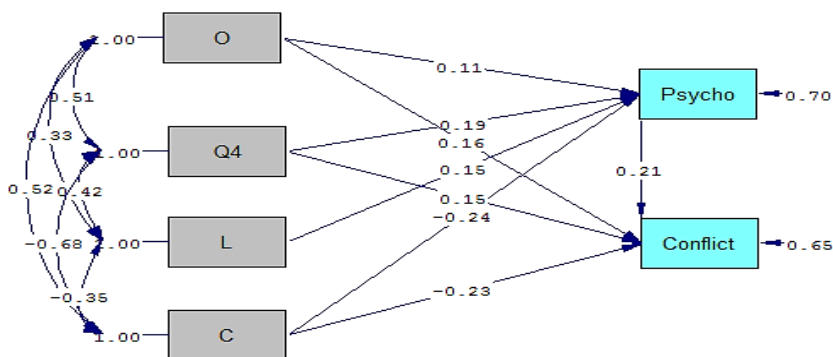
Effects	Predictors	Variable	$\beta$	SE	t	P
Direct	O	Marital conflicts	0.16	1.79	3.20	< 0.01
	Q4	Marital conflicts	0.15	1.61	2.60	< 0.01
	C	Marital conflicts	-0.23	-2.26	-3.95	< 0.01
	O	Psychosomatic symptoms	0.11	0.88	2.23	< 0.01
	Q4	Psychosomatic symptoms	0.19	1.25	3.10	< 0.01
	L	Psychosomatic symptoms	0.15	0.97	3.10	< 0.01
	C	Psychosomatic symptoms	-0.24	-1.52	-4.08	< 0.01
	Psychosomatic Symptoms	Marital conflicts	0.21	0.27	4.33	< 0.01
Indirect	O on marital conflicts	Through psychosomatic symptoms	0.02	0.23	1.99	< 0.01
	Q4 marital conflicts	Through psychosomatic symptoms	0.04	0.33	2.52	< 0.01
	L marital conflicts	Through psychosomatic symptoms	0.03	0.26	2.52	< 0.01
	C marital conflicts	Through psychosomatic symptoms	-0.05	-0.40	-2.97	< 0.01

SE: Standard error; C: Emotional Stability; L: Vigilance; O: Apprehension; Q4: Tension

Chi-square ( $\chi^2$ ), goodness of fit (GFI), adjusted goodness of fit (AGFI), normative fitness index (NFI), curve fitness index (CFI), incremental fitness index (IFI), non-normalized fitness index (NNFI), and root mean square approximation (RMSEA) were equal to 2.11, 1, 0.96, 1, 1, 0.98, and 0.053 ( $P = 0.15$ ), respectively. Based on available sources (Meyers, Gamst, & Guarino, 2012), it is better if fitness indices are greater than 0.90 and the RMSEA index is less than 0.08. Therefore, the final model of this research has a good fit (Figure 2).

### Discussion

This study was conducted to investigate the mediating role of psychosomatic symptoms in the relationship between personality characteristics and marital conflicts.



Chi-Square=2.11, df=1, P-value=0.14591, RMSEA=0.053

**Figure 2.** The final model of the mediating role of psychosomatic symptoms in the formation of marital conflicts based on personality traits

The results of the study, it can be stated that personality characteristics can be used to predict a person's behavior in different life situations, including marriage situations. Marital satisfaction, influenced by various factors, is a criterion used to assess the quality of a couple's relationship. The results showed that among Cattle's personality factors, O, L, Q4, M, C, G, H, and Q3 had a significant relationship with marital conflicts ( $P < 0.05$ ). Moreover, among Cattell's personality factors, O, L, Q4, F, C, G, H, and Q3 had a significant relationship with psychosomatic symptoms. Furthermore, there was a significant relationship between psychosomatic symptoms and marital conflicts. It was also found that the direct effect of O, Q4, C, and psychosomatic symptoms on marital conflict was significant. However, the direct effect of L was not significant; thus, it was excluded from the model. The direct effect of O, Q4, L, and C variables on psychosomatic symptoms was significant. The indirect effects of O, Q4, L, and C variables on marital conflicts were significant through psychosomatic symptoms. Janati Jahromi, Moein, and Yazdani (2010) performed a study on 200 participants using the ENRICH Marital Satisfaction Scale and NEO Personality Inventory. They found that nervousness (emotional instability) and extraversion had a negative and significant relationship with marital satisfaction, which is consistent with the results of the present study. Therefore, it can be said that personality characteristics can be used to predict individual behaviors in various life situations, including marriage situations (Janati Jahromi et al., 2010).

Ismaili and Shokohian (2012) studied the effect of personality traits and coping on marital satisfaction of female students of Payame Noor Fasa University. They found that personality traits such as extraversion and psychosis did not have a significant relationship with marital satisfaction; however, neuroticism had a negative relationship with marital satisfaction, which is not in line with some research results. A study of the research background of Cattell's personality traits indicated the correlation of factors O, Q4, and C with inconsistencies and behavioral and normative problems. For example, a comparative study of personality traits among runaway and non-runaway girls showed that the highest means of factors O and Q4 and the lowest means of factor C were related to runaway girls (Rasoulzadeh Tabatabaee, Beshart, & Bazaryari, 2005). The association between guilt (factor O) and psychosomatic symptoms has also been confirmed in available sources. For example, in a comparative study, a significant relationship was found between guilt and the mean scores of psychosomatic disorders in addicted women (Razavi, Arab, & Shirazi, 2019). The relationship between the personality characteristics of neuroticism and marital conflicts has also been confirmed in this study, which is consistent with previous studies (Iveniuk, Waite, McClintock, & Teidt, 2014).

In fact, neuroticism and nervous tension (measured by factors C and Q4 in the present study) exacerbate marital conflict because of the individual's desire to experience more negative emotions (Jadiri, Jan Bozorgi, & Rasoulzadeh Tabatabai, 2009). Furthermore, the results of the present study on factor L were consistent with that of the research by Namdarpour, Fatehizade, Bahrami, and Mohammadi-Fesharaki (2017) who showed that mental rumination increases marital conflict. In general, considering the ups and downs of marriage, the inevitability of marital conflicts, and the vulnerability of couples to psychosomatic symptoms based on personality characteristics, one of the most important findings of the present study was the prediction of marital conflicts and vulnerability to psychosomatic symptoms based on the personality characteristics of couples. One of the limitations of this study was the possibility of overestimation and exaggeration in the expression of psychosomatic symptoms and marital conflicts by couples referring to counseling centers.

## Conclusion

It can be concluded that psychosomatic symptoms have a mediating role in the relationship between personality characteristics and marital conflicts.

## Conflict of Interests

Authors have no conflict of interests.

## Acknowledgments

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