

Structural Modeling of Marital Satisfaction Based on Openness to Experience with the Mediating Role of Self-Compassion in Women with Breast Cancer

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ABSTRACT

The present study aimed to develop a structural model of marital satisfaction based on openness to experience, with the mediating role of self-compassion in women with breast cancer. This research was a correlational study using structural equation modeling. The statistical population included all women with breast cancer who referred to Milad Hospital in Tehran in 2025, from whom 300 participants were selected through convenience sampling. The instruments used in this study were the Hudson Marital Satisfaction Questionnaire (1992), the Openness to Experience dimension from the NEO Personality Inventory (1992), and the Self-Compassion Scale by Neff (2003). Data were analyzed using Pearson correlation tests and path analysis. Based on the goodness-of-fit indices, the structural model of marital satisfaction based on openness to experience with the mediating role of self-compassion in women with breast cancer demonstrated a good fit. Furthermore, the findings of indirect relationships indicated that self-compassion plays a mediating role in the relationship between openness to experience and marital satisfaction in women with breast cancer, with an indirect effect of -0.850 ($p < .001$). The effect of openness to experience on marital satisfaction, mediated by self-compassion, was confirmed. Therefore, it is recommended that, in order to enhance self-compassion among women with breast cancer, treatment centers and psychological services related to cancer prioritize raising awareness about the impact of openness to experience on self-compassion and, consequently, on marital satisfaction within their psychological intervention programs.

Keywords: Marital satisfaction, self-compassion, openness to experience.

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Introduction

Marital satisfaction is widely recognized as one of the most critical indicators of individual well-being, relational stability, and overall quality of life within the family system. It reflects the subjective evaluation of the marital relationship and encompasses emotional, cognitive, and behavioral dimensions that influence both partners' psychological functioning. Contemporary research has consistently demonstrated that marital satisfaction is closely linked to mental health outcomes, life satisfaction, and emotional stability, suggesting that individuals who report higher levels of marital satisfaction tend to experience lower levels of distress

and greater psychological well-being (1, 2). In modern societies, where rapid social and cultural changes have transformed family dynamics, understanding the determinants of marital satisfaction has become increasingly important, particularly among vulnerable populations such as women facing chronic illnesses.

Women diagnosed with breast cancer represent a group exposed to significant psychological, emotional, and relational challenges. The diagnosis and treatment of breast cancer often disrupt multiple domains of life, including body image, emotional regulation, sexual functioning, and interpersonal relationships. These disruptions can place considerable strain on marital relationships, potentially reducing satisfaction and increasing the risk of relational conflicts or emotional withdrawal. Empirical evidence indicates that women with breast cancer frequently report higher levels of anxiety, health-related concerns, and emotional distress compared to healthy individuals, which may negatively affect their relational dynamics (3). Moreover, the stress associated with chronic illness can alter communication patterns, reduce intimacy, and weaken emotional bonds between partners, thereby undermining marital satisfaction.

Within this context, psychological and personality-related variables have gained attention as key predictors of marital satisfaction. Among these, openness to experience, as one of the core dimensions of the Five-Factor Model of personality, plays a significant role in shaping individuals' cognitive flexibility, emotional responsiveness, and interpersonal adaptability. Individuals high in openness tend to be more receptive to new experiences, more tolerant of ambiguity, and more capable of engaging in adaptive coping strategies when faced with stress. These characteristics can facilitate better communication, greater empathy, and increased relational satisfaction. Research has shown that openness to experience is positively associated with relationship quality and autonomy satisfaction, suggesting that individuals who are more open are better equipped to maintain satisfying romantic relationships (4). Similarly, studies have demonstrated that openness contributes to emotional expression and mutual understanding within couples, which are essential components of marital satisfaction (5).

In addition to personality traits, self-compassion has emerged as a crucial psychological construct influencing emotional well-being and interpersonal relationships. Self-compassion refers to the ability to treat oneself with kindness, recognize one's experiences as part of the shared human condition, and maintain balanced awareness in the face of difficulties. Individuals with high levels of self-compassion are less likely to engage in self-criticism and more likely to employ adaptive coping strategies, leading to improved psychological functioning. Research indicates that self-compassion is strongly associated with reduced stress, improved emotional regulation, and enhanced well-being (6, 7). In the context of intimate relationships, self-compassion can foster empathy, reduce conflict, and enhance relational satisfaction by promoting supportive and understanding interactions between partners.

The role of self-compassion becomes particularly salient in populations experiencing chronic illness. For women with breast cancer, self-compassion can serve as a protective factor that mitigates the negative psychological effects of illness, enhances coping abilities, and supports emotional resilience. Interventions focused on compassion have been shown to improve cognitive flexibility, intimacy, and the quality of marital relationships among women experiencing relational difficulties (8). Furthermore, compassion-focused therapies have demonstrated effectiveness in improving relationship satisfaction among couples facing psychological distress, highlighting the potential of self-compassion as a mechanism for enhancing relational

outcomes (9). These findings underscore the importance of examining self-compassion not only as an individual trait but also as a relational resource that contributes to marital satisfaction.

Another important consideration is the interplay between personality traits and self-compassion in influencing marital satisfaction. Theoretical frameworks suggest that personality traits such as openness to experience may shape individuals' capacity for self-compassion by influencing their cognitive and emotional processing styles. For instance, individuals high in openness are more likely to engage in reflective thinking, accept diverse perspectives, and adopt flexible coping strategies, all of which are associated with higher levels of self-compassion. Empirical studies have supported the existence of such relationships, indicating that personality traits can influence psychological constructs that, in turn, affect interpersonal outcomes (10, 11). This suggests that self-compassion may function as a mediating mechanism through which openness to experience impacts marital satisfaction.

In parallel, the broader literature on marital relationships emphasizes the role of communication, mutual understanding, and emotional support as fundamental determinants of satisfaction. Effective communication patterns have been identified as central to maintaining healthy and satisfying marital relationships, particularly in the context of stress and adversity (12). Conversely, poor communication and emotional withdrawal can lead to dissatisfaction, conflict, and even dissolution of the relationship. Additionally, socio-cultural and contextual factors, such as economic challenges and migration-related stress, can further complicate marital dynamics and influence satisfaction levels (13). These findings highlight the multifaceted nature of marital satisfaction and the need to consider both individual and contextual factors in its prediction.

Self-compassion is also closely related to other positive psychological constructs, including optimism, social adjustment, and psychological flexibility. Individuals who exhibit higher levels of self-compassion are more likely to demonstrate adaptive functioning across various domains, including interpersonal relationships. For example, self-compassion has been shown to enhance optimism and social adjustment, which are important predictors of relationship satisfaction (14). Similarly, psychological flexibility, defined as the ability to adapt to changing situational demands and maintain balance among competing life domains, has been identified as a key factor in promoting relational well-being (15). These findings suggest that self-compassion operates within a broader network of adaptive psychological processes that contribute to marital satisfaction.

The significance of marital satisfaction extends beyond individual well-being to broader societal outcomes. Stable and satisfying marital relationships contribute to family cohesion, child development, and social stability. Conversely, marital dissatisfaction can lead to a range of negative outcomes, including emotional distress, decreased quality of life, and increased risk of separation or divorce. Given the central role of marital satisfaction in both individual and societal contexts, identifying its predictors is of paramount importance. In this regard, integrating personality traits and psychological constructs within a comprehensive structural model can provide valuable insights into the mechanisms underlying marital satisfaction.

Despite the growing body of research on marital satisfaction, there remains a need for studies that examine these relationships within specific populations, particularly women with breast cancer. While previous studies have explored the individual effects of openness to experience and self-compassion on

relational outcomes, limited research has investigated their combined effects within a structural framework. Additionally, cultural and contextual differences may influence these relationships, necessitating research that considers specific populations and settings. The present study addresses this gap by examining the structural relationships among openness to experience, self-compassion, and marital satisfaction in women with breast cancer, drawing on established theoretical and empirical frameworks (16, 17).

Furthermore, the assessment of marital satisfaction requires reliable and valid measurement tools that capture its multidimensional nature. Established instruments have been developed to evaluate marital satisfaction, providing a foundation for empirical research in this domain (18). These tools enable researchers to quantify relational satisfaction and examine its associations with various psychological and personality factors. By employing validated measures within a structural equation modeling framework, the present study aims to provide a robust analysis of the relationships among the key variables.

In summary, marital satisfaction is a complex and multifaceted construct influenced by a range of individual, relational, and contextual factors. Openness to experience, as a personality trait, and self-compassion, as a psychological resource, have been identified as important predictors of relational outcomes. However, the mechanisms through which these variables interact to influence marital satisfaction remain insufficiently understood, particularly among women with breast cancer. Therefore, the present study aims to develop and test a structural model of marital satisfaction based on openness to experience with the mediating role of self-compassion in women with breast cancer.

Methods and Materials

Study Design and Participants

The present study employed a descriptive–correlational design using structural equation modeling. The statistical population included all women with breast cancer who referred to Milad Hospital in Tehran in 2025.

Considering that, for compatibility with path analysis, the sample size should be at least 15 times the number of observed variables, a total of 300 women with breast cancer were selected in the present study using convenience sampling, based on the number of variables. Accordingly, Milad Hospital in Tehran, which agreed to cooperate with the researcher, was selected. After coordination with the hospital authorities, the researcher visited the oncology department, reviewed the medical records of women with breast cancer, and invited eligible patients who met the inclusion criteria to participate and complete the questionnaires. Ultimately, the questionnaires were completed and collected from 300 patients. The inclusion criteria were: being female, aged between 20 and 50 years, having a diagnosis of breast cancer confirmed by a specialist physician and documented in medical records, willingness to participate in the study, and having at least a high school diploma. The exclusion criterion was incomplete or invalid questionnaires.

Data Collection

Hudson Marital Satisfaction Questionnaire (1992): The Marital Satisfaction Questionnaire is a 25-item instrument developed by Hudson in 1992 to assess the level, severity, or scope of problems between spouses in marital relationships. It is scored on a 7-point Likert scale ranging from “never” to “always.” This questionnaire has two cutoff scores: the first cutoff point is 30, where scores below 30 indicate the absence

of significant clinical problems in the relationship, and scores above 30 indicate the presence of considerable clinical issues. The second cutoff point is 70, where scores above 70 almost always indicate that the individual is experiencing severe stress and may be prone to considering or using some form of violence to resolve problems. Hudson (1992) reported the reliability of this questionnaire using Cronbach's alpha as 0.96 and test-retest reliability over a two-week interval as 0.95, indicating high internal consistency. Additionally, in Hudson's (1992) study, the Marital Satisfaction Questionnaire demonstrated high concurrent validity with the Locke-Wallace Marital Adjustment Test ($r = 0.88$), and its split-half reliability was reported as 0.98. Sadeghat (2002) reported a concurrent validity coefficient of -0.85 between the Hudson Marital Satisfaction Questionnaire and the ENRICH Marital Satisfaction Questionnaire, noting that the negative coefficient is due to the fact that higher scores in the Hudson scale indicate lower marital satisfaction, whereas higher scores in the ENRICH scale indicate higher marital satisfaction. In Sadeghat's (2002) study, the content validity was reported as 0.87 and reliability using Cronbach's alpha as 0.88 (19). In the present study, Cronbach's alpha for this questionnaire was 0.91.

Neff Self-Compassion Scale (2003): The Self-Compassion Scale was developed by Neff in 2003. This scale consists of 26 items scored on a 5-point Likert scale ranging from "almost never" to "almost always." The questionnaire includes three bipolar dimensions: self-kindness versus self-judgment; common humanity versus isolation; and mindfulness versus over-identification. These six subscales together explain the total variance. Accordingly, the scale comprises six subscales: self-kindness (items 19, 26, 12, 23, 5), self-judgment (items 2, 20, 24, 6), mindfulness (items 16, 1, 21, 11, 8), over-identification (items 10, 7, 15, 3), common humanity (items 25, 4, 13, 18), and isolation (items 17, 22, 14, 9). Neff (2003) reported the content validity of this questionnaire as 0.88 and the reliability of the total score using Cronbach's alpha as 0.68. In the study by Shahbazi et al. (2015), the Cronbach's alpha coefficient for the total scale score was 0.91, and the alpha coefficients for the subscales of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification were 0.83, 0.87, 0.91, 0.88, 0.92, and 0.77, respectively. Furthermore, Khosravi et al. (2013), in a sample of 619 students, examined the psychometric properties of this questionnaire and, using exploratory factor analysis, confirmed its six-factor structure; the reliability of the total score using Cronbach's alpha was reported as 0.86 (20). In the present study, the reliability of the total score using Cronbach's alpha was 0.82.

Openness to Experience Dimension of the NEO Personality Inventory (1992): This questionnaire was developed by Costa and McCrae (1992) based on the well-known Five-Factor Model of personality, which includes neuroticism, extraversion, openness, agreeableness, and conscientiousness, each comprising six subscales. The questionnaire consists of 240 items, including 8 items for each of the 30 facets or 48 items for each of the five factors. It is scored using a 5-point Likert scale (ranging from 0 to 4). The Cronbach's alpha coefficients reported by Costa and McCrae (1992) ranged from 0.74 to 0.89, with a mean of 0.81. They also reported substantial internal consistency (0.72 to 0.89), convergent validity (0.68 to 0.91), and discriminant validity (0.69 to 0.88) for this questionnaire. The internal consistency of the openness to experience scale was reported as 0.89 by Costa and McCrae (1992). In the study by Groosi-Farshi (2001), conducted on a sample of Iranian students, Cronbach's alpha coefficients for the subscales ranged from 0.56 (openness to experience) to 0.87 (conscientiousness). Criterion validity coefficients of this questionnaire, calculated through correlations between Forms S and R, ranged from 0.45 to 0.66 (21). In the present study,

items related to the openness to experience scale, including fantasy, aesthetics, feelings, actions (interests), ideas, and values, were used.

Data Analysis

Finally, data analysis was conducted using structural equation modeling with SPSS version 26 and AMOS version 24. Model fit was assessed using indices including chi-square to degrees of freedom ratio, parsimonious normed fit index, comparative fit index, parsimonious comparative fit index, incremental fit index, goodness-of-fit index, and root mean square error of approximation.

Findings and Results

In this study, 300 women with breast cancer were examined, with a mean age of 33.41 years and a standard deviation of 5.26, within the age range of 20–50 years. In terms of educational level, 53 participants (17.7%) had less than a high school diploma, 123 (41%) had a high school diploma, 75 (25%) held a bachelor's degree, and 49 (16.3%) had a master's degree or higher.

Descriptive statistics, including the mean and standard deviation of the study variables, as well as the correlation coefficients among the variables, are presented in Table 1.

Table 1. Descriptive Statistics (Mean, Standard Deviation) and Correlation Matrix of Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Fantasy	1											
2. Aesthetics	.71**	1										
3. Feelings	.80**	.82**	1									
4. Interests	.71**	.83**	.80**	1								
5. Ideas	.82**	.75**	.81**	.72**	1							
6. Values	.66**	.65**	.77**	.73**	.77**	1						
7. Total Openness to Experience	.84**	.72**	.76**	.75**	.73**	.74**	1					
8. Self-Kindness/Self-Judgment	.22**	.20**	.23**	.28**	.32**	.30**	.28**	1				
9. Mindfulness/Over-Identification	.16**	.18**	.10	.24**	.19**	.16**	.18**	.88**	1			
10. Common Humanity/Isolation	.18**	.08	.23**	.20**	.31**	.21**	.22**	.81**	.86**	1		
11. Total Self-Compassion	.19**	.16**	.20**	.25**	.29**	.24**	.24**	.87**	.84**	.86**	1	
12. Marital Satisfaction	-.42**	-.40**	-.40**	-.31**	-.44**	-.38**	-.42**	-.42**	-.38**	-.38**	-.42**	1
Mean	11.90	12.18	12.15	12.07	9.94	10.81	69.05	16.07	15.62	15.71	47.41	63.69
SD	5.03	4.73	4.84	4.73	4.04	5.70	20.90	7.14	6.68	6.72	20.73	23.14
Skewness	0.18	0.39	0.52	0.28	0.59	0.40	0.10	-0.50	-0.63	-0.09	-0.54	-0.09
Kurtosis	-0.95	-0.42	-0.76	-1.28	-0.77	-0.70	-1.24	-1.32	-1.14	-1.03	-1.23	-1.26

Based on the results of the correlation matrix, there was a significant negative relationship between openness to experience and self-compassion with marital satisfaction in women with breast cancer ($p < .001$). Additionally, a significant positive relationship was observed between openness to experience and self-compassion in women with breast cancer ($p < .001$). Prior to applying structural equation modeling, several assumptions were examined. According to the recommendation of Rex B. Kline (22), univariate normality was assessed using skewness and kurtosis indices and was confirmed. Since the skewness and kurtosis values of the variables fell within the range of ± 2 , univariate normality was supported. Multivariate

normality was assessed using Mardia’s standardized kurtosis coefficient and the critical ratio. Based on the recommendation of Blanch (23), values less than 5 for the critical ratio indicate no violation of multivariate normality. In this study, Mardia’s coefficient was 4.093 and the critical ratio was 1.132, both below 5, confirming multivariate normality. To examine the absence of multivariate outliers, the Mahalanobis distance index was evaluated, where significance levels less than .05 indicate outliers. No outliers were detected. Therefore, the examination of statistical assumptions indicated that structural equation modeling was an appropriate method for evaluating model fit, and the maximum likelihood estimation method was used to estimate parameters.

Table 2 presents the fit indices for the structural model of the study.

Table 2. Model Fit Indices for the Research Model

Index	χ^2	df	p-value	χ^2/df	RMSEA	PNFI	CFI	PCFI	IFI	GFI	SRMR
Research Model	78.20	33	< .001	2.36	.067	.682	.941	.725	.942	.974	.045

Acceptable values: PNFI, PCFI > .50; CFI, GFI, IFI > .90; SRMR < .08; RMSEA < .10 acceptable, < .08 good.

The results in Table 2 indicate that all model fit indices (PCFI = .725, PNFI = .682, CMIN/DF = 2.36, SRMR = .045, RMSEA = .067, IFI = .942, CFI = .941, GFI = .974) demonstrate a very good fit of the model to the data. Therefore, the proposed model has satisfactory goodness of fit.

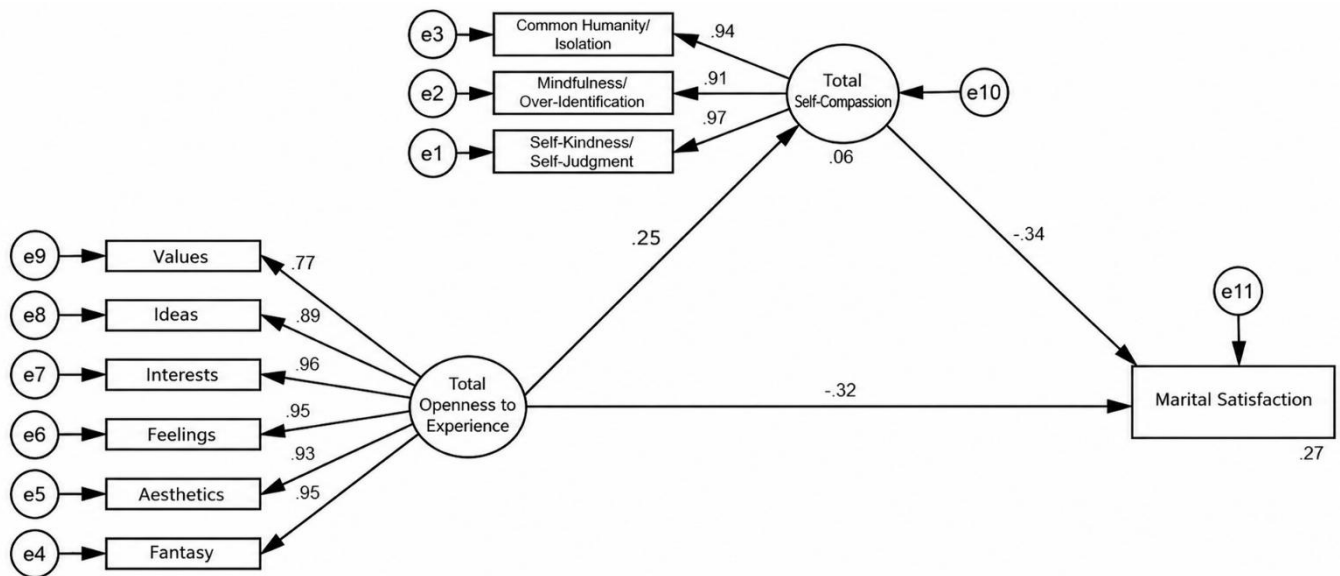


Figure 1. Proposed model of the study along with standardized path coefficients

Table 3 presents the standardized coefficients of all direct paths and their critical ratios in the proposed model.

Table 3. Standardized Direct Path Effects

Path	Standardized Estimate	SE	CR	p
Openness to Experience → Self-Compassion	.250	.041	3.47	< .001
Openness to Experience → Marital Satisfaction	-.321	.052	-4.87	< .001
Self-Compassion → Marital Satisfaction	-.340	.066	-4.95	< .001

The results in Table 3 indicate that all path coefficients are statistically significant.

The results of the mediating relationships are presented in Table 4.

Table 4. Indirect Effects of Model Paths

Variable	Indirect Effect	Lower Bound	Upper Bound	p
Openness to Experience → Marital Satisfaction (via Self-Compassion)	-.085	-.146	-.053	< .001

The results of the bootstrap test indicated that the indirect effect of openness to experience on marital satisfaction through self-compassion was -0.085 , which was statistically significant.

Discussion and Conclusion

The present study aimed to examine a structural model of marital satisfaction based on openness to experience with the mediating role of self-compassion in women with breast cancer. The findings indicated that the proposed model demonstrated a good fit with the data, confirming the hypothesized relationships among the variables. Specifically, openness to experience had a significant direct effect on self-compassion, as well as a significant negative direct effect on marital satisfaction. Furthermore, self-compassion had a significant negative direct effect on marital satisfaction. Importantly, the indirect effect of openness to experience on marital satisfaction through self-compassion was also significant, indicating that self-compassion plays a mediating role in this relationship. These findings suggest that both personality traits and psychological processes contribute to marital satisfaction among women with breast cancer, and that self-compassion functions as a key mechanism linking openness to experience with relational outcomes.

The negative direct relationship between openness to experience and marital satisfaction observed in this study may initially appear counterintuitive, as openness is often associated with positive interpersonal outcomes. However, this finding can be interpreted within the specific context of chronic illness. Women with higher openness to experience may engage in deeper emotional processing, heightened awareness of relational discrepancies, and increased sensitivity to unmet needs, which could lead to lower perceived satisfaction in their marital relationships under stressful conditions such as illness. This interpretation aligns with research suggesting that personality traits can influence how individuals perceive and evaluate their relationships, particularly in the presence of stressors (10). Additionally, openness has been linked to autonomy and self-exploration, which, while generally adaptive, may create tension in relationships if not accompanied by mutual understanding and support (4). Therefore, in the context of breast cancer, higher openness may amplify awareness of relational challenges, contributing to reduced marital satisfaction.

The positive and significant relationship between openness to experience and self-compassion found in this study is consistent with theoretical expectations and empirical evidence. Individuals high in openness are more likely to adopt flexible cognitive and emotional strategies, engage in reflective thinking, and accept their experiences without excessive judgment. These characteristics facilitate the development of self-compassion, which involves self-kindness, mindfulness, and recognition of shared human experiences. Previous research has highlighted the association between adaptive personality traits and psychological resources such as self-compassion, suggesting that personality can shape individuals' capacity for emotional regulation and resilience (11). Similarly, psychological flexibility, which is closely related to openness, has been identified as a key factor in promoting adaptive functioning and emotional well-being (15). These findings support the notion that openness to experience enhances individuals' ability to respond to challenges with compassion and understanding toward themselves.

The significant negative relationship between self-compassion and marital satisfaction observed in this study requires careful interpretation. Given the scoring direction of the marital satisfaction measure, where higher scores indicate lower satisfaction, the negative coefficient suggests that higher levels of self-compassion are associated with greater marital satisfaction. This finding is consistent with previous studies demonstrating that self-compassion contributes to improved relational quality by reducing self-criticism, enhancing emotional regulation, and fostering supportive interactions between partners. For instance, research has shown that self-compassion is associated with better psychological well-being and lower levels of stress and depression, which are important determinants of relationship satisfaction (6, 7). Moreover, self-compassion has been found to facilitate empathy and constructive communication, which are essential for maintaining satisfying marital relationships (5).

The mediating role of self-compassion in the relationship between openness to experience and marital satisfaction represents one of the key contributions of this study. This finding suggests that openness influences marital satisfaction not only directly but also indirectly through its impact on self-compassion. In other words, individuals who are more open to experience are better able to cultivate self-compassion, which in turn enhances their marital satisfaction. This mechanism is consistent with models of psychological functioning that emphasize the role of internal resources in translating personality traits into behavioral and relational outcomes. Previous studies have also highlighted the mediating role of psychological variables in the relationship between personality and well-being outcomes, supporting the findings of the present study (19). Additionally, research on compassion-based interventions has demonstrated their effectiveness in improving relationship quality, further underscoring the importance of self-compassion as a mediating factor (8, 9).

The findings of this study are also consistent with broader research on marital satisfaction, which emphasizes the importance of emotional, cognitive, and interpersonal factors. Effective communication, emotional support, and mutual understanding have been identified as key determinants of marital satisfaction, particularly in the context of stress and adversity (12). Self-compassion can enhance these processes by promoting emotional regulation and reducing defensive responses, thereby facilitating more constructive interactions between partners. Furthermore, individuals with higher self-compassion are more likely to engage in adaptive coping strategies, which can mitigate the negative effects of stress on relationships. This is particularly relevant for women with breast cancer, who face significant psychological and emotional challenges that can impact their marital relationships (3).

The results of the present study also align with research highlighting the role of psychological well-being and meaning in life in shaping relational satisfaction. Individuals who experience a greater sense of meaning and well-being are more likely to report higher levels of satisfaction in their relationships (20). Self-compassion contributes to this sense of well-being by fostering acceptance, resilience, and positive emotional experiences. Additionally, self-compassion has been associated with optimism and social adjustment, which are important predictors of relationship satisfaction (14). These findings suggest that self-compassion operates as a central psychological resource that enhances both individual and relational well-being.

Another important implication of the findings relates to the role of contextual and socio-cultural factors in shaping marital satisfaction. For example, research on transnational marriages has shown that external

stressors such as economic hardship and social isolation can significantly impact relationship satisfaction (13). In the case of women with breast cancer, the stress associated with illness may interact with personality traits and psychological resources to influence marital satisfaction. This highlights the need for a holistic approach that considers both individual and contextual factors in understanding marital relationships. Additionally, studies on social withdrawal and relationship development have demonstrated that interpersonal behaviors and emotional engagement play a crucial role in shaping relationship outcomes (21).

Overall, the findings of this study contribute to the existing literature by providing a comprehensive model that integrates personality traits and psychological processes in predicting marital satisfaction among women with breast cancer. The results underscore the importance of self-compassion as a mediating mechanism and highlight the complex interplay between openness to experience and relational outcomes. These findings have important implications for both theory and practice, suggesting that interventions aimed at enhancing self-compassion may be effective in improving marital satisfaction in this population.

One of the main limitations of this study is the use of a cross-sectional design, which limits the ability to draw causal inferences about the relationships among the variables. Additionally, the use of convenience sampling may reduce the generalizability of the findings to other populations. Another limitation is the reliance on self-report measures, which may be subject to response biases such as social desirability. Furthermore, the study focused exclusively on women with breast cancer, and therefore the findings may not be applicable to men or to individuals with other types of illnesses.

Future research should consider employing longitudinal designs to examine the causal relationships among openness to experience, self-compassion, and marital satisfaction over time. It would also be beneficial to include more diverse samples, including men and individuals from different cultural backgrounds, to enhance the generalizability of the findings. Additionally, future studies could explore other potential mediators and moderators, such as coping strategies, social support, and communication patterns, to provide a more comprehensive understanding of the factors influencing marital satisfaction.

From a practical perspective, the findings of this study suggest that interventions aimed at enhancing self-compassion may be effective in improving marital satisfaction among women with breast cancer. Psychological programs that focus on developing self-kindness, mindfulness, and emotional regulation could help individuals better cope with the challenges of illness and improve their relationships. Healthcare providers and counselors working with this population should consider incorporating compassion-based approaches into their interventions to promote both individual well-being and relational satisfaction.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical 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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