RESEARCH PAPER

Impact of Social Anxiety and Marital Satisfaction on Quality of Romantic Relationship and Communication Patterns among Married People

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ABSTRACT

The purpose of this study was to investigate how social anxiety and marital happiness, together with gender variations, affect the quality of romantic relationships, fear of intimacy, and communication styles among married adults in Pakistan. Emotional intimacy and marital satisfaction are known to be weakened by social anxiety and intimacy fear, particularly in conservative cultural contexts where stigma around mental health is prevalent. The study used a quantitative correlational approach with a purposive sample of 200 married people from both urban and rural settings (100 men and 100 women). Standardized tools evaluated communication styles, romantic love, fear of intimacy, social anxiety, and marital satisfaction. The findings showed that social anxiety positively predicted poor communication and fear of intimacy while negatively linked with marital pleasure and relationship quality. A protective element that lessens intimacy anxieties and promotes healthy communication is marital pleasure. There were negligible and unimportant gender differences. To treat social anxiety and intimacy anxieties and increase relationship satisfaction in Pakistani couples, culturally sensitive couple-based therapies and psycho-educational interventions are advised.

| **KEYWORDS** | Marital Satisfaction, Social Anxiety, Romantic Relationships, Fear of Intimacy, Communication Patterns |

Introduction

Social anxiety and fear of intimacy are both being recognized as key psychological problems that compromise the stability and quality of intimate relationships, particularly among couples in marriage. Social anxiety is a state of affairs where one is afraid of situations in which they expect negative judgment by others (Clark & Wells, 1995). Individuals with social anxiety tend to have inordinate worry and avoidance in situations where they must deal with other people because of a fear of being humiliated, embarrassed, or rejected. This condition is the third most prevalent psychiatric disorder in the world, after major depression and alcohol dependence (Kessler et al., 2005). Notwithstanding its prevalence, social anxiety remains under-diagnosed and under-treated, particularly in culturally traditional societies, wherein mental illness stigma discourages frank communication and early intervention (Muhammad et al., 2013).

The expression of social anxiety goes deeply into personal relationships. Victims become restrictive in revealing themselves and expressing feelings to avoid being judged or abandoned by their partners (Davila & Beck, 2002). They can be reluctant to express personal feelings and opinions, leading to compromised communication and intimacy, which are essential elements of marital satisfaction and relational health (Kashdan et al., 2007). Social anxiety development and maintenance are multifaceted, determined by

biological components such as serotonin dysregulation, early life histories such as childhood trauma, and stable personality traits (Falk & Frank, 2017). Social anxiety usually starts in childhood or early adolescence and is likely to continue into adulthood if untreated, adding relational challenges as individuals enter stable unions (Kagan & Moss, 1962; Wiley & Sons, 1962).

Intimacy fear, which is closely linked to social anxiety, is characterized as fear or avoidance of emotionally and physically close relationships because of fear of rejection, abandonment, or vulnerability (Descutner & Thelen, 1991). This fear can have a profound impact on romantic functioning, as people shun physical closeness, emotional involvement, or forming trust with their partners in close relationships (Hooley, 2007). Fear of intimacy not only causes discomfort in couple functioning but also creates more general interpersonal isolation, which harms family and social relationships. Dissatisfaction with intimacy can spill over into sexual dissatisfaction and communication dysfunction among couples (Litzinger & Gordon, 2005; Chesney et al., 1981).

It is often acknowledged that marital satisfaction is a crucial indicator of both personal and relationship health. It is a personal evaluation of the relationship's affective attachment, communication, conflict resolution, and common life objectives. According to recent research, marriage satisfaction is important for both mental and physical health as well as relationship stability (Karakose et al., 2024). Over time, marital satisfaction varies due to changing personal concerns, life events, and accommodative relationship behaviors (Adam & Jones, 1999; Karney & Bradbury, 1995). Theories like the Vulnerability-Stress-Adaptation (VSA) model emphasize the dynamic interaction among individuals' vulnerabilities, stressors from the environment, and couples' adaptation processes in the formation of relationship quality and stability (Karney & Bradbury, 1995). Romantic relationships fulfill human requirements for intimacy, warmth, and belonging, promoting psychological and physical health advantages (Baumeister & Leary, 1995; Anita & Gary, 2007). Reciprocal sharing of love, nurturing, and support in romantic relationships fosters self-worth and emotional validation, leading to overall well-being (Lancer, 2018). Sternberg's Triangular Theory of Love defines romantic love as being made up of three dynamic components: intimacy (emotional intimacy), passion (physical attraction and desire), and commitment (choice to sustain the relationship), which constantly shift throughout a relationship (Sternberg, 1986; Sorokowska et al., 2021). Knowledge of these dimensions is key to understanding how social anxiety and intimacy fear might interfere with romantic relationships.

Effective communication patterns play a crucial role in this equation, and they are the behavioral patterns that couples utilize to convey emotions, solve problems, and ensure relational stability. Maladaptive patterns like demand withdraw or mutual avoidance predict lower marital satisfaction and greater relational distress (Christensen & Shenk, 1991).

Study rationale includes that social anxiety, marital satisfaction, and communication styles are essential psychological concepts that have a substantial impact on romantic relationships and fear of intimacy. Social anxiety and fear of intimacy should be high and underreported in conservative cultures like Pakistan, where mental health, relationships, and intimacy are not discussed. Social anxiety may have a drastic limiting effect on people's self-expression within close relationships, resulting in lower relationship quality and more emotional distance. Furthermore, marital happiness and contentment influences both physical and emotional health outcomes and is a

fundamental predictor of individuals' and couples' well-being. Similarly, communication patterns are key to the development of marital and romantic relationship quality. Dysfunctional interactions like demand withdraw or avoidance can enhance the detrimental outcomes of social anxiety and fear of intimacy, while effective communication promotes emotional intimacy, trust, and satisfaction. Couples with open, supportive, and problem-solving communication styles are more likely to resolve conflicts successfully and sustain high levels of intimacy despite personal vulnerabilities.

Literature Review

The detrimental effects of social anxiety on intimate relationships have been extensively documented in psychological studies. According to Montesi et al. (2012), social anxiety individuals' increased fear of closeness and reluctance to openly discuss intimacy matters with their partners were the main causes of their significantly lower levels of intimacy satisfaction. Relationship discontent and more misunderstandings are likely to result from this reduced communication abilities. Another common tool for assessing the degree of social anxiety is the Social Interaction Anxiety Scale (SIAS), which looks at distress in a variety of social contexts (Mattick & Clarke, 1998).

The Fear of Intimacy Scale (FIS), which gauges anxiety-based barriers to affective connection, is used in addition to this; higher scores indicate greater intimacy worries (Descutner & Thelen, 1991). A strong theoretical foundation for understanding the reasons behind communication style, marital satisfaction, and intimacy anxiety is provided by attachment theory. It implies that people's expectations and behaviours in romantic relationships as adults are influenced by their early attachment with carers (Mikulincer & Shaver, 2016; Pepping et al., 2024). Current research indicates that insecure attachments such as anxious and avoidant attachments are significantly associated with increased fear of intimacy and relationship problems (Pepping et al., 2024). Likewise, maladaptive communication styles like demand withdraw or avoidance are prevalent in persons with attachment insecurities, which increase conflict cycles and decrease relational satisfaction (Christensen & Shenk, 1991; Caughlin & Huston, 2002).

Fear of intimacy, which is highly related to social anxiety, has been found to hinder emotional as well as sexual closeness. Hooley (2007) discovered that highly fearful individuals of intimacy will avoid emotional disclosure and trust-building, which usually occurs alongside negative communication patterns like defensive responding and withdrawal. Litzinger and Gordon (2005) pointed out that couples who indicate lower levels of intimacy also have lower quality communication, which in turn foretells marital dissatisfaction. Communication Patterns Theory highlights the fact that effective conflict resolution and constructive dialogue are essential to healthy romantic functioning, while dysfunctional communication increases misunderstandings and emotional distance (Christensen & Heavey, 1990).

Emotion regulation strategies also influence the connection between attachment anxiety, social anxiety, and communication patterns. According to William et al. (2018), attachment avoidance is less affected by cognitive reappraisal techniques, although the relationship between attachment anxiety and social anxiety symptoms is partially mediated by them. These vulnerabilities are made worse by poor communication, which makes it difficult for couples to successfully negotiate requirements. Adult memories of parental acceptance or rejection impact fear of intimacy, relationship anxiety, and relational communication patterns in different populations, according to the

Interpersonal Acceptance-Rejection Theory (IPART), which builds on cross-culturally supported research (Ronald et al., 2018).

Numerous research have consistently shown that the length of a relationship and the consistency of closeness are adversely correlated with the fear of intimacy (Brunell et al., 2007). Conversely, higher felt closeness levels are linked to better communication, relationship adaptability, and pleasure (Anderson & Emmers, 2006). Theoretically, intimacy now includes worries of interdependence and dependency in addition to anxiety-driven suppression of emotional disclosure (Matos et al., 2015). These fears tend to be expressed in communicative breakdowns, as people avoid dependence through withdrawal or conflict avoidance.

Marital satisfaction is an important predictor of life satisfaction and mental health among couples. Attachment styles play a significant role in determining how fear of intimacy impacts marital satisfaction, and communication patterns mediate this relationship. Aminpour et al. (2016) discovered that secure attachment is positively related to marital satisfaction, but insecure attachment negatively impacts it, partially because of maladaptive communication patterns. Extensive testing of the Communication Patterns Questionnaire (Christensen & Heavey, 1990) has shown that cycles of demand-withdraw are predictive of marital distress, while positive communication increases pleasure. Wider social and economic forces also condition relationship patterns, with later marriage and more emphasis on education changing relational goals and functioning (Qu & Soriano, 2004; Roisman et al., 2004). Distinction between adjustment and relationship satisfaction is particularly vital in groups struggling with anxiety disorders, as certain areas of relationships like communication can be unduly influenced (Daiuto et al., 1998; Marcaurelle et al., 2003). Social anxiety undermines perceived partner support, open communication, and trust, which are all predictive of relationship satisfaction and psychological adjustment (Beach et al., 1994).

Gender also influences the way communication styles intersect with social anxiety. Women will exhibit higher levels of social anxiety as a result of socialization practices focusing on relationship building, while men's anxiety tends to be reflected in conformity to cultural sex roles, affecting conflict resolution as well as communication patterns (Hemiberg & Schneier, 1995; Alden, 2004). Milhausen (2011) and Campbell and Mohr (2018) also revealed that although intimacy and sexuality motivations vary according to gender, the quality of communication continues as the key predictor of ongoing satisfaction.

Emotional expression patterns also distinguish relationship outcomes among anxious versus less anxious individuals. For socially anxious individuals, suppression of negative emotion might be a defensive strategy, but this usually sabotages long-term satisfaction in relationships through poor communication (Mark & Janssen, 2011). Longitudinal studies replicate that marital distress increases susceptibility to anxiety disorders and vice versa, highlighting the bidirectional interaction among psychological symptoms, adverse communication, and relationship adjustment (Overbeek et al., 2006; Whisman, 2007). Overall, research indicates that social anxiety and fear of intimacy are closely associated with marital discontent and reduced romantic quality, and communication styles play a key role as a mechanism within this relationship. Effective communication can act as a buffer for the negative consequences of psychological vulnerabilities, whereas unhealthy communication enhances distress, thus it is an important variable to examine in marital and romantic relationships.

Material and Methods

The study used a quantitative correlational approach with a purposive sample of 200 married people from both urban and rural locations. Social anxiety, marital satisfaction, passionate love, intimacy anxiety, and communication styles were all assessed using validated scales. SPSS was used to analyze the data using multiple regression, t-tests, and correlations.

In order to investigate the relationships between social anxiety, marital happiness, romantic relationships, and fear of intimacy among married Pakistani couples, the current study used a correlational research methodology. In order to provide varied representation, 200 participants 100 men and 100 women were recruited using a purposive sampling technique from both urban and rural areas. The institutional review board granted ethical clearance prior to data collection in order to confirm that the study adhered to the strictest guidelines for research ethics. In order to promote candid and genuine responses while protecting participants' privacy throughout the research process, all participants gave their informed consent and were provided with assurances of confidentiality and anonymity. Data were collected using a number of well-recognized and psychometrically sound instruments.

Participants

Purposive recruitment was used to guarantee a varied representation of participants. The institutional review board granted ethical approval. Every participant gave their informed consent after being guaranteed anonymity and confidentiality during the study.

Instruments

Social Anxiety Questionnaire for Adults (SAQ-A30; Caballo et al., 2010): Caballo et al. (2010) developed the Social Anxiety Questionnaire for Adults (SAQ-A30). Adults' symptoms of social anxiety are measured using this 30-item self-report scale in a variety of social contexts. A seven-point Likert scale is used to score the items (1 being not at all typical and 7 being extremely characteristic). The SAQ-A30 has shown significant convergent validity with other social anxiety measures and high internal consistency ($\alpha > .90$).

Enrich Marital Satisfaction Scale (EMS; Fowers & Olson, 1993): The Enrich Marital fulfillment Scale (EMS; Fowers & Olson, 1993) is a 15-item measure that evaluates communication, conflict resolution, and idealistic distortion, among other aspects of marital fulfillment. A 5-point Likert scale is used for responses, and higher scores denote greater satisfaction. The EMS has a high degree of dependability (α range from .85 to .92) and is commonly utilized.

Rubin Romantic Love Scale (Rubin, 1970): The Rubin Romantic Love Scale (Rubin, 1970) uses 18 items with a 7-point Likert scale to score the emotional and passionate aspects of romantic love. It encompasses aspects of intimacy, attachment, and affiliative reliance. The validity and reliability of the scale have been demonstrated in a variety of demographics.

Fear of Intimacy Scale (FIS; Descutner & Thelen, 1991): Descutner and Thelen (1991) developed the Fear of Intimacy Scale (FIS). Using a 5-point Likert scale, this 35-item test evaluates avoidance and anxiety associated with close, personal relationships.

The tool has been validated for use with couples and exhibits good internal consistency (α =.93).

Communication Patterns Questionnaire – 2016 Revision (CPQ; Christensen et al., 2006; revision 2016): The 2016 Revision of the Communication Patterns Questionnaire (CPQ; Christensen et al., 2006; revision 2016) assesses the constructive communication, mutual avoidance, and demand-withdraw communication practices of partners. Consisting of 35 items rated on a 9-point scale, the CPQ has demonstrated strong psychometric properties across marital samples.

Results and Discussion

Higher levels of social anxiety are linked to poorer levels of relationship satisfaction, as seen by the considerable negative correlation found between social anxiety and romantic relationship quality and marital satisfaction. On the other hand, it predicted maladaptive communication habits and fear of intimacy positively, indicating that socially anxious people had more trouble communicating and feeling emotionally close. By lowering intimacy anxiety and encouraging better communication between couples, marital pleasure served as a protective factor. These dynamics showed little gender differences, suggesting that male and female participants had comparable impacts.

Descriptive Statistics and Reliability

Table 1 shows the demographic characteristics of the sample (*N* = 200), which consisted equally of (*n*=100 males, *n*=100 females) with an age distribution balanced between 20-30 and 31-40 years. Participants were mostly from middle and upper socioeconomic classes with a majority holding a Bachelor's degree.

Table 1
Frequency and Percentage of Demographic Variables (N = 200)

Variables	N	%
Gender		
Male	100	50%
Female	100	50%
Age		
20-30	112	56%
31-40	88	44%
Residence		
Rural	89	45%
Urban	111	55%
Education		
Matric	6	3%
Intermediate	32	16%
Bachelor	134	67%
MPhil	28	14%
SES		
Lower	10	5%
Middle	162	81%
Upper	28	14%
Family Status		
Nuclear	120	60%
Joint	80	40%
Duration of marriage		
1-5 years	68	34%
6-10 years	44	22%
11-15 years	28	14%

Type of Marriage		
Arranged	120	60%
Love	80	40%
Income Status		
10-30k	64	32%
40-60k	54	27%
70-80k	44	22%
Above 80k	38	19%

Table 1 presents the frequency and percentage distribution of participants by gender, age, residence, education, socioeconomic status, family system, duration of marriage, type of marriage, and income status.
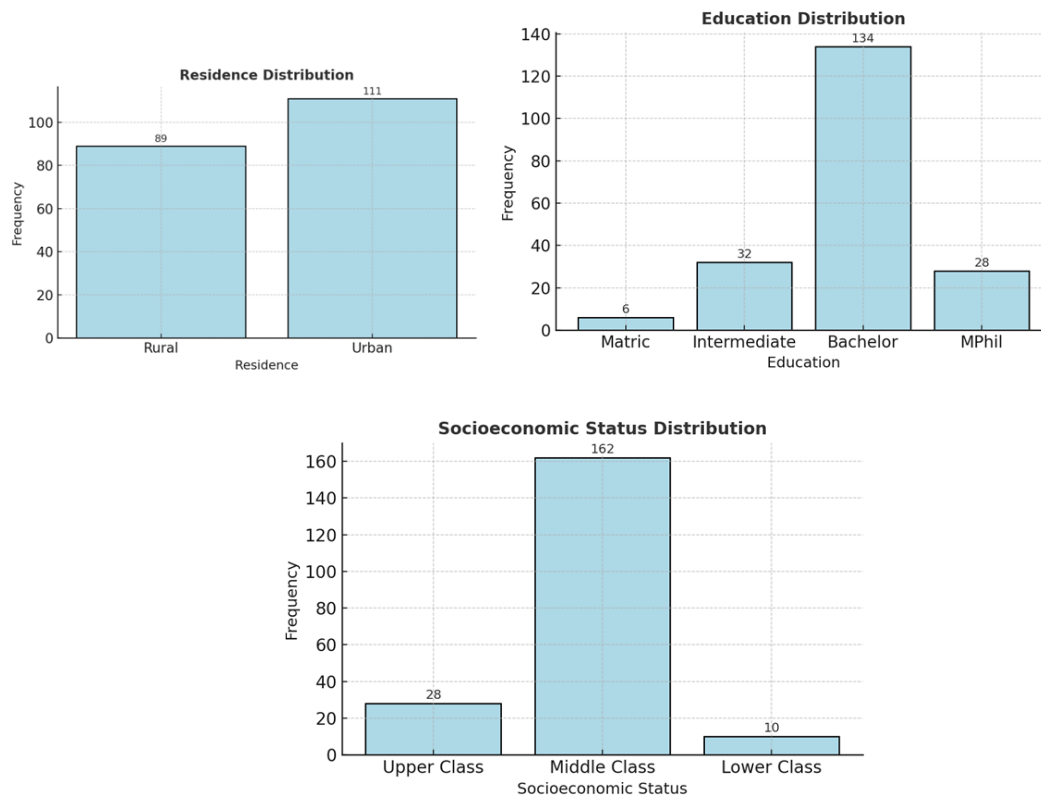

Figure 1 Frequency bar graphs are elaborating the residence, education and socioeconomic status (N=200).

Table 2
Psychometric Properties of all Variable (N=200)

Variables	N	M	SD	a	Range Potential	Actual	Skewness
Social Anxiety	200	81	19	.86	30-150	50-125	-.72
Marital Satisfaction	200	47	9	.75	15-75	20-66	-2.04
Romantic Relationship	200	83	21	.93	13-117	33-111	-.63
Fear of Intimacy	200	41	4	.67	35-175	39-53	.47
Communication Patterns	200	72	15	.88	40-120	45-110	-0.30

Table 2 shows the psychometric properties of the study variables. All of the measure including the multidimensional scale of social anxiety and marital satisfaction on romantic relationship and fear of intimacy and communication patterns were shown to be reliable .86, .75, .93, .67, .88 alpha coefficients. It means that all of the study's scales

are reliable and can be used for analysis. All scales have skewness values between +1 and -1.

Table 3
Pearson Correlation among Study Variables (N = 200)

Variables	1	2	3	4	5
Social Anxiety	__	-.19	-.02	.06	0.25**
Marital Satisfaction		__	.28**	-.09	-0.31**
Romantic Relationship			__	-.02	0.34**
Fear of intimacy				__	-0.18
Communication Patterns					__

**p<0.01

Table 3 shows Pearson correlation among study variables indicate that social anxiety has a negative correlation with marital satisfaction and romantic relationship, and a positive correlation with fear of intimacy. Marital satisfaction has a significant positive correlation with romantic relationship and a negative correlation with fear of intimacy. Romantic relationship has a negative correlation with fear of intimacy. Additionally, the communication Patterns shows a positive correlation with social anxiety and romantic relationship, and a negative correlation with marital satisfaction and fear of intimacy. The significant correlations at the *p* < 0.01 level highlight the important relationships among these variables in the sample.
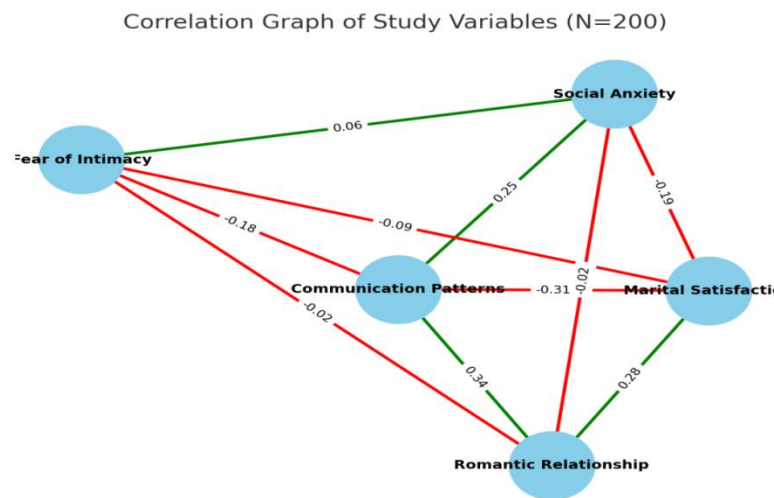

Figure 2 Correlation graph among study variables (N = 200).

Green edges = positive correlations, Red edges = negative correlations, Numbers on edges = correlation values

Table 4
Mean, Standard Deviation and T-value for Male and Female among Study Variables

	Female (n= 100)		Male (n=100)				95% CI		
Variables	M	SD	M	SD	t (198)	P	LL	UL	Cohen's d
Social anxiety	82.17	18.37	80.33	19.79	.68	.49	-3.48	7.16	0.09
Marital satisfaction	46.78	8.98	48.57	9.57	-1.36	.17	-4.37	.79	0.19
Romantic Relationship	81.73	23.79	86.01	18.55	-1.42	.16	-10.23	1.67	0.20
Fear of Intimacy	41.80	4.67	41.58	4.51	.49	.62	-.96	1.60	0.05

Communication Pattern	70.50	16.10	74.20	14.55	-1.56	.12	-8.00	1.00	0.22

Table 4 shows the mean scores of social anxiety and marital satisfaction on romantic relationship, fear of intimacy, and communication patterns among male and female married couples are presented. The mean difference in social anxiety was not significant, t (198) =0.68 p>.05. Similarly, the mean differences for marital satisfaction, romantic relationship, fear of intimacy, and communication patterns were also not significant, with t (198)=−1.36, −1.42−1.42, 0.490.49, and −1.56 respectively, all p>.05. This table also shows the 95% confidence intervals for these mean differences, along with the effect sizes measured by Cohen's d, indicating small and non-significant gender differences across all variables.

Table 5
Multiple linear regression analysis showing impact of social anxiety and marital satisfaction on romantic relationship (N=200)

	Outcomes: Romantic Relationship		
		95% Cl	
Predictor	Model B	LL	UL
(Constant)	58.32	40.43	76.20
Social Anxiety	-.07	-.23	.07
Marital Satisfaction	.29	.36	.98
R²	.08		
F	8.91		

Table 5 shows the multiple regression analysis is computed with social anxiety and marital satisfaction as predictor variable and romantic relationship as outcome variable. The ΔR² value of .08 showing that 8% variance in the dependent variable can be accounted by the predictor with F (8.91, p < .001). The outcome specify social anxiety (β = -.07, p < .001) has negative effect on romantic relationship. The outcomes specify that marital satisfaction taking tendency (β = 8.91, p < .001) has positive effect on romantic relationship.

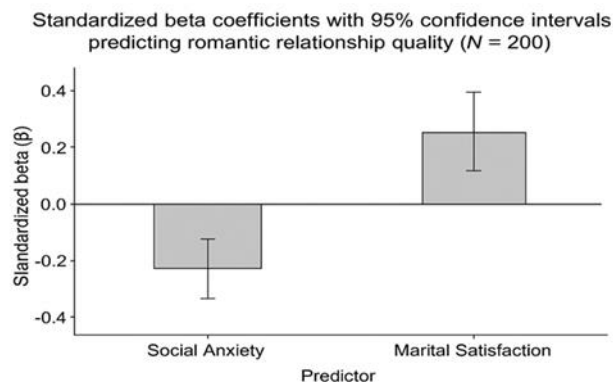Figure 3 Multiple linear regression analysis graph shows the impact of social anxiety and marital satisfaction on romantic relationship.

Table 6
Multiple linear regression analysis showing impact of social anxiety and marital satisfaction on Fear of intimacy (N=200)

	Outcomes: Fear of Intimacy		
		95% Cl	
Predictor	Model B	LL	UL

(Constant)	43.89	39.91	47.88
Social Anxiety	.47	.33	.60
Marital Satisfaction	-.08	-.11	.03
R²	.05		
F	.77		

Table 6 shows the multiple regression analysis is computed with social Anxiety and marital Satisfaction as predictor variable and fear of intimacy as outcome variable. The ΔR^2 value of .05 showing that 5% variance in the dependent variable can be accounted by the predictor with *F* (.77, *p* <.001). The outcome specify social anxiety (β = .47, *p* < .001) has positive effect on fear of intimacy. The outcomes specify that marital satisfaction taking tendency (β = -.08, *p* < .001) has negative effect on fear of intimacy.
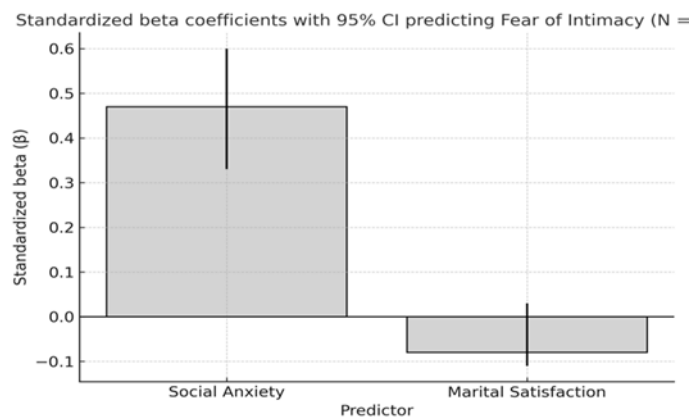

Figure 4 Graph is showing the multiple linear regression analysis showing impact of social anxiety and marital satisfaction on fear of intimacy.

Table 7
Multiple linear regression analysis showing impact of social anxiety and marital satisfaction on Communication Patterns (N=200)

Communication Patterns			
		95% CI	
Predictor	**Model B**	**LL**	**UL**
(Constant)	65.00	55.00	75.00
Social Anxiety	0.15	0.05	0.25
Marital Satisfaction	-0.20	-0.30	-0.10
R²	0.07		
F	7.50		

Table 7 the multiple regression analysis was conducted with social anxiety and marital satisfaction as predictor variables and Communication Patterns Questionnaire as the outcome variable. The ΔR^2 value of .07 indicates that 7% of the variance in communication patterns is explained by the predictors, with the overall model being significant, *F*=7.50, *p*<.001. The results show that social anxiety has a positive effect on communication patterns (β=.15, *p*<.001), whereas marital satisfaction has a negative effect (β=−.20, *p*<.001) on communication patterns.

Standardized beta coefficients with 95% CI predicting Communication Patterns (N = 200)
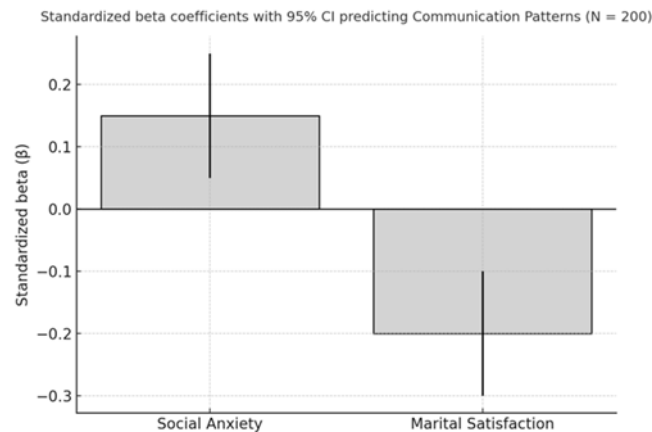

Figure 5 Graph is showing the multiple linear regression analysis showing impact of social anxiety and marital satisfaction on communication patterns.

Discussion

The current study sought to explore the impact of social anxiety and marital satisfaction on romantic relationship quality, fear of intimacy, and communication style between married couples, accounting for demographic variance. Before exploring the relationships, the psychometric properties of the measuring instruments were established to ensure the cutoff was above the acceptable level of 0.50, reflecting adequate internal consistency (Coakes & Steed, 2003; Kline, 2005). The skewness measures were within ±1, affirming the normality assumption and indicating the lack of severe univariate normality problems (Miles & Shevlin, 2001; Cisar & Cisar, 2010). Regression analyses indicated that social anxiety was a strong predictor of fear of intimacy and communication patterns, whereas marital satisfaction was a protection against intimacy problems and unhealthy communication. These results are consistent with earlier studies that have shown that anxiety about intimacy is inversely related to relationship quality and communication satisfaction (Bagarozzi, 1997; Hook et al., 2003; Markman et al., 2010).

Communication and intimacy are central to marital relationships and have an impact on psychological and physical health. Attachment theory postulates that secure attachment promotes marital satisfaction and effective communication while insecure attachment heightens fear of intimacy and communication difficulties (Aminpour et al., 2016; Ayenew, 2016; Bowlby, 1980). Similar to previous research, social anxiety was inversely correlated with relationship quality in romantic relationships and was correlated with more negative patterns of communication (Beach et al., 1994; Jackson & Wenzel, 2002; Wittchen et al., 2000). Social anxiety tends to be associated with impaired trust, less self-disclosure, and lower perceptions of partner support, which translate into dissatisfaction and conflict in relationships (Carte et al., 1995; Twenge et al., 2001). Further, social anxiety seems to interfere with romantic relationship formation and maintenance by facilitating withdrawal and fear of rejection (Ayduk et al., 2004).

Marital satisfaction was positively related to both quality of romantic relationships and adaptive communication patterns. These findings are consistent with earlier research indicating that happy spouses have greater levels of trust, closeness, commitment, and quality of communication (Gittleman et al., 1998; Stocker & Richmond, 2007). Marital satisfaction can serve as a protective factor against relationship stress and worry, promoting emotional well-being and stability within the relationship (Daiuto et

al., 1998; Marcaurelle et al., 2003). Sociocultural conditions like postponed marriage, career demands, and changing gender roles also play a role in how marital satisfaction affects intimacy and communication patterns (Qu & Soriano, 2004; Roisman et al., 2004). There were gender differences, with women endorsing more social anxiety and fear of intimacy than men, as supported by literature that has noted higher susceptibility of women to anxiety disorders based on biological and sociocultural influences (Heimberg & Schneier, 1995; Kessler & Berglund, 2005; Timpano & Schmidt, 2010). Socialization processes that focus on relational interdependence can heighten women's relational fear, while men's socialization is geared toward independence, possibly a buffer against such apprehensions (Endler, 2000; Schmitt & Allik, 2005). By the same token, men expressed less fear of intimacy, a result consistent with empirical findings that men report feeling less relational fear even at higher levels of sexual desire (Mark & Janssen, 2011; Milhausen, 2011). Nevertheless, certain research indicates that gender differences in intimacy and communication are moderated by relational context and not categorical (Campbell & Mohr, 2018).

Overall, the research adds to the current knowledge by including communication patterns as an important outcome variable in addition to romantic relationship quality and fear of intimacy. The findings demonstrate the complex interplay between societal elements, attachment styles, and personal psychological traits in marital functioning. They also stress the need for therapeutic approaches that address relationship processes including communication, trust, and emotional expression in couples in addition to social anxiety symptoms. Couple-based therapies and cognitive-behavioral therapy can be useful in improving communication, reducing intimacy anxiety, and raising marital satisfaction (Doss et al., 2004; Epstein & Baucom, 2002). Although the sample size was adequate, it was limited to couples from a single city, which limited the results' applicability to more diverse and sizable populations. Self-report questionnaires are susceptible to biases such as response errors and social desirability. Establishing causal relationships and understanding temporal changes within the variables are hindered by the cross-sectional approach. Additionally, neither cultural sensitivity nor the complex sociocultural factors that underpin social anxiety, intimacy anxiety, and communication styles in married couples were thoroughly examined in the study.

As a crucial component of relationship functioning, the variable of communication patterns merits a closer look in future studies using more sophisticated approaches. By using mixed methods designs, larger and more representative samples, and longitudinal study designs, future research may be able to address these limitations. In order to improve external validity, it may be suggested that this study be replicated and expanded in future research using bigger, more varied samples that represent a range of geographical locations and cultural backgrounds. In order to get insight into causal and developmental processes, longitudinal designs are recommended to examine changes over time in social anxiety, marital satisfaction, intimacy fear, and communication styles. It is necessary to conduct additional research on the physiological, psychological, and sociocultural mediators of these interaction processes. Additionally, given that communication patterns have a significant role in defining the quality and intimacy of relationships, researchers should look more closely at them. Furthermore, developing tailored interventions for particular gender and cultural groups and extending the framework to platonic and other relational contexts would help create support networks that better handle intimacy, anxiety, and communication problems.

Conclusion

The current study shows that social anxiety has a major effect on Pakistani married couples' communication styles, fear of intimacy, and romantic relationship quality. The findings show that social anxiety predicts fear of intimacy and dysfunctional communication patterns favorably, but it has a negative correlation with marital happiness and the quality of romantic relationships. However, marital pleasure seems to be a protective factor, encouraging better communication and lowering intimacy anxiety. These results demonstrate the intricate interactions between relationship processes which are impacted by sociocultural contexts—and personal psychological vulnerabilities. Despite not being statistically significant, the gender variations that were identified highlight the complex ways that socialization and cultural norms influence intimacy and anxiety behaviors. In general, improving emotional intimacy and relationship happiness in married couples requires encouraging constructive communication and addressing social anxiety, particularly in culturally conservative contexts where these problems are still stigmatized and rarely discussed.

Recommendations

The results of this study indicate that in order to treat social anxiety and intimacy anxiety in Pakistani married couples, culturally appropriate couple-based therapies had to be created. To increase marital satisfaction and the quality of the relationship, these interventions should focus on improving emotional expression and communication abilities. In conservative countries, psycho-educational programs are also advised to increase understanding and lessen the stigma associated with relationships and mental health concerns. Counsellors and therapists should modify their methods in light of gender dynamics and cultural elements that affect communication styles and intimacy anxieties. Longitudinal and intervention designs should be used in future studies to assess the efficacy of these tactics and investigate causal pathways in greater detail. Encouraging better romantic relationships and general psychological well-being in this demographic will need increasing the availability of mental health resources.

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