

Examination Of The Relationship Between The Health Anxiety Levels Of Married Individuals On Their Communication Skills And Marital Adjustment

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Abstract – The aim of this study is to examine the relationship between the communication skills of married individuals and the health anxiety levels of marital adjustment. The sample of the study consists of 253 married individuals living in Samsun province. In order to access the sociodemographic information of the participants, Personal Information Form, Health Anxiety Inventory (Short Form) adapted to Turkish, Harmony in Marriage Scale adapted by Tutarel-Kışlak and Korkut-Owen and Bugay Communication Skills Scale (Adult Form) developed by Korkut-Owen and Bugay were used as data collection tools. In the analysis of the study, t-test, ANOVA (one-way analysis of variance), Pearson Correlation coefficient analysis, and Regression Analysis methods were used. As a result of the research; it was concluded that there is no statistically significant difference between men and women in terms of marital decency levels of married individuals. It has been concluded that there is a statistically significant difference between men and women when looking at individuals in terms of communication dec. The average score of communication skills of women was found to be higher than that of men. According to the gender variable, there was a statistically significant difference between the averages of women's health anxiety level scores and the averages of men's health anxiety level scores, and it was found that women's health anxiety level was at a high level compared to men Dec.

Keywords – Health anxiety, communication skills, marital harmony, gender, age.

I. INTRODUCTION

1.1. Status of the Problem

With the Covid 19 epidemic, which spread from China to the whole world in 2019, there are many changes in our work, family and social life. This change brings with it many problems. With the coronavirus epidemic, it is observed that pessimism and anxiety feelings about the course of the epidemic and what will await human beings in the future, and one of the anxiety situations experienced is health anxiety. Some studies show that psychological problems increase with Covid-19.

Health anxiety, which is defined as a person constantly listening to himself with the thought that he or she is or will be sick, and interpreting every physical symptom in the direction of illness, affects the life of the individual negatively in many ways when it is continuous. An individual with health anxiety may begin to deteriorate in social relations, and deterioration in attention

and perception may cause negativities in business life. Constantly focusing on diseases and directing all attention to their body can affect family relationships and cause problems between spouses after a while.

The establishment of the family, which is the building block of society, begins with the phenomenon of marriage. It is the cornerstone of marriage life that spouses share in each other's lives, meet each other's needs, and develop each other mutually.

A happy and peaceful marriage depends on factors such as spouses having similar expectations from marriage, having common future goals, growing up in a similar socio-cultural environment, having similar value judgments, and most importantly having a strong and positive communication skill. When these conditions are met, marital adjustment is achieved.

One of the most important elements that regulate all social relations, such as ensuring marital adjustment, is communication skill. A correct and effective communication enables the person to express himself/herself correctly and to understand the other person correctly. Active listening, using me language and empathizing enable effective communication.

People are afraid of what they don't know or see. Considering that uncertainty is the biggest source of anxiety, the anxiety experienced during the epidemic process is thought to be inevitable. While anxiety is a gnawing emotion on its own, it is predicted that it not only harms the person, but also affects everyone with whom he or she is in contact.

With the restrictions experienced during the pandemic period, the increase in the time spent with the family at home revive intra-family communication. Since it is foreseen that the psychological problem experienced by one of the spouses may affect the other spouse and even their children, it was desired to answer the questions of married individuals who have health concerns on which variables these concerns affect and how they affect the marital relationship. It was aimed to raise awareness in order to draw attention to the problem of health anxiety in the society, to see how it can affect our lives and to get the necessary help.

1.2. Aim and Importance of the Study

Problems related to marriage, marital adjustment and communication between spouses have existed since the first day of the establishment of the institution of marriage. In recent years, the decrease in communication between couples due to many factors, significant damage or disappearance has necessitated studies to evaluate marital adjustment and to improve it. Among the factors thought to have an effect on the marriage process, anxiety, which causes many psychological problems, was considered as health anxiety within the scope of the research. Anxious individuals face problems in their marriage and communication with their spouses, which may be associated with different perceptions of the situations experienced by anxious individuals. Health anxiety is the belief that one has a significant health problem, or the fear of getting sick, related to an incorrect interpretation of one's physical signs. (Karapınar, 2012).

Anxiety affects many behaviors and quality of life of individuals. The effects of anxiety on the individual; It can appear as a wide spectrum from psychological problems to problems in family relations, from problems in working life to deterioration in social relations. As it is seen, anxiety directly affects not only the individual, but also every individual with whom he or she communicates and his/her relations with them. Anxiety can come in many forms. Since the most common thing observed with the epidemic disease process we are in is health anxiety, in this study, the effect of health anxiety on some variables was wanted to be investigated.

There can be many reasons behind health anxiety. Some of those; There may be serious childhood illnesses or severe illness of a family member, loss of a parents or loved one in childhood. At the same time, it is thought that the effects of factors such as negligence and abuse in childhood, and overprotective attitudes of parents are reflected in the life of the individual as health anxiety in adulthood. Regardless of the underlying cause, health anxiety, which develops as a result of negative experiences, affects human life in many ways and brings different problems with it.

As anxiety affects many variables, health anxiety also affects various variables. The aim of this research is to discover the relationship between the health anxiety levels of married individuals, their communication skills and marital adjustment. The other aim of the study is to examine the mediator role of health anxiety level in the relationship between marital adjustment and communication skills. In the literature research conducted to date, it is thought that there may be a relationship between communication skills and marital adjustment levels. However, there is no research in the literature on the health anxiety levels and marital relations of married people. In this respect, it is thought that this research will contribute to the literature.

1.3. Problem Statement

In the study, the effects of the health anxiety levels of married individuals on their communication skills and marital adjustment were determined as a research problem.

1.3.1. Sub-Problems

The effects of the health anxiety levels of married individuals on their communication skills and marital adjustment were determined as the main problem of the research, and the following sub-problems were included in the research:

1. Is there a significant relationship between the socio-demographic characteristics of married individuals and their marital adjustment?
2. Is there a significant relationship between the socio-demographic characteristics of married individuals and their communication skills?
3. Is there a significant relationship between the socio-demographic characteristics of married individuals and their marital adjustment?
4. Is there a significant relationship between health concerns, communication skills and marital adjustment of married individuals?
5. Do married individuals' health concerns have a significant effect on their communication skills and marital adjustment?

1.4. Assumptions

The assumptions in this study are as follows;

1. It will be assumed that the scales directed to the participants who contributed to the study were answered sincerely by the participants.
2. It will be assumed that the sample group taken represents the target population.
3. It is assumed that the scales to be used in the research are valid and reliable.
4. It is assumed that the statistical techniques to be used in the research will be suitable for the purpose of the research and the structure of the data.

1.5. Scope and Limitations

2. The data to be used in the research will be limited to the opinions of 250 married individuals in Samsun.
3. The results and generalizations to be obtained from the findings will be valid for the target population of this research.
4. The results to be obtained from the research will be limited to the answers given by the participants to the questions on the scales.

II. METHOD

2.1. Paradigm/ Study Group

In order to examine the effect of health anxiety levels of married individuals on marital adjustment and communication skills, the study group of the research was; it is planned to create 250 married individuals with different years of marriage in Çarşamba district of Samsun province. Care will be taken to ensure that the ratios of female and male participants among married individuals to be selected on a voluntary basis are similar.

2.2. Data Collection Tools

2.2.1. Personal Information Form

With this form, it is aimed to reach the socio-demographic information of married individuals. An effort has been made to prepare the personal information form with simple and understandable expressions so that married individuals can easily fill it

out. In the six-item form, gender, age, educational level, marital status, how many years they have been married, and how many children they have, were asked.

2.2.2. Health Anxiety Inventory (Short Form)

The translation of the scale into our language was carried out by three psychiatrists. After this translation was checked, it was translated back into English by a linguist. By comparing my scale with its original version and its translation, it was checked whether the meanings of the concepts understood each other. The sample of the study consisted of 65 people diagnosed with somatoform disorder, 22 people with major depressive disorder, 55 people with panic disorder, and 114 healthy volunteers who received university education (Celal Bayar University Faculty of Medicine and Health School students) inpatient and outpatient clinics of Celal Bayar University Psychiatry Clinic. Celal Bayar University Faculty of Medicine Clinical Research Association gave the ethics committee approval of the study (Aydemir, Kırpınar, Satı, Uyur, Cengisiz, 2013).

The Health Anxiety Scale, the Hamilton Depression Rating Scale, the Spielberger Trait Anxiety Inventory, and the Exaggeration of Bodily Senses Scale were used as assessment tools. The Hamilton Depression Rating Scale consists of 17 items and is evaluated by the interviewer. It consists of three- and five-point Likert-type items. The 17th item of the scale measures health anxiety. Spielberger Trait Anxiety Inventory is a four-point Likert-type scale consisting of 20 items, and a high score from the scale indicates a high level of anxiety. The Exaggeration of Bodily Senses Scale consists of 10 items and is a five-point Likert type scale. A high score from this scale, which shows how people feel about physical sensations and how prone they are to health anxiety, indicates high somatic symptoms (Aydemir, Kırpınar, Satı, Uyur, Cengisiz, 2013).

In the reliability analysis of the scale, the Cronbach's alpha internal consistency coefficient was .918 and the item-total score correlation coefficient was between .405 and .769. The retest correlation coefficient of the test was determined as $r=.572$. In construct validity, two factors were obtained that explained 54.5% of the variant, and the factors express the dimensions of hypersensitivity to physical sensations and anxiety about physical illness. It showed moderate to good correlation with all research scales in co-validity. In the comparison of the research groups, the somatoform disorder and anxiety disorder groups showed significantly higher health anxiety than the major depressive disorder and control groups. As a result, the Turkish version of the Health Anxiety Scale can be used reliably and validly both in clinical practice and in research (Aydemir, Kırpınar, Satı, Uyur, Cengisiz, 2013).

2.2.3. Marital Adjustment Scale

The first form of the marital adjustment scale was developed by Locke and Wallace in 1959, and the form was adapted into Turkish by Tutarel-Kışlak in 1999. The scale, which consists of basic and distinctive questions, consists of 15 items and was developed to measure the general quality of marriage. In the validity and reliability study, 149 female and 162 male married individuals were used and the Cronbach alpha coefficient was found to be .84. This coefficient is .85 for female and .83 for male. The Cronbach alpha coefficient of the original version of the scale is .90. It is seen that the scores in the first half and the last half of the scale are different from each other, and the items with odd numbers and even numbers were compared. Half test reliability was calculated as .84 for female and .83 for male. Reliability calculation of the scale was made by using test-retest technique for 36 married individuals excluding 311 people. The Pearson Product-Moment Correlation Coefficient was found to be .57 and was found to be .1 at a significant level. The calculated internal consistency coefficient of the scale remained the same. Its validity was calculated by looking at the construct validity and criterion-dependent validity of the ESS. The Relationship Attribution Scale and the Interpersonal Relationship Scale were used to determine the criterion-dependent validity of the scale. Although the scoring of the 10th and 12th items were changed upon the recommendation of Freeston and Plechaty, the validity of the criterion remained the same. When the construct validity of the scale was examined, the factor analysis at the item level was found to be three, according to the varimax conversion, and the scale was divided into 2 factors with the analysis made with the assumption that the number of factors could be reduced to two afterwards. The first factor, consisting of the first 9 items, is related to relations in situations such as general harmony, emotions, sexuality and social rules. In the second factor, the last 6 items are related to relationship style such as leisure time activities, conflict resolution and trust. Each dimension should be considered as another subscale. The minimum score that can be obtained from the scale is 1, and the highest score is 58. The scoring value, which distinguishes the marital adjustment of married individuals as compatible and incompatible, is 43.5. As the total score obtained

from the scale increases, marital adjustment increases, and as the score approaches 1, the level of adjustment decreases (Tutarel & Kışlak, 1999).

2.2.4. Communication Skills Scale (Adult Form)

The original scale was developed by Korkut-Owen and Bugay in 2014 to measure the communication skills of university students. Adaptation studies were carried out by Korkut-Owen and Demirbaş-Çelik in 2017 so that adults can also use the scale. The construct validity was tested by applying the scale to a total of 187 adult individuals, 132 female, 47 male, and eight people who did not specify their gender, between the ages of 22-46. It was aimed to test the construct validity of the scale by performing Exploratory Factor Analysis. As a result of the analyzes made, the naming of the factors was carried out in a way that was similar to the form of the CSS used for university students. The first factor, called basic skills and self-expression (BS-SE), consists of nine items. For example, "I can express my feelings easily", "I can express my catch on while listening to the other person in an appropriate language". and "When listening to someone, I can understand the underlying emotions of what is being said." items can be displayed. The second factor was named as paying attention to communication (PAC) and consists of five items. There are five items in the second factor, named as paying attention to communication (PAC). For example, "When others are speaking, I wait for them to finish before answering." and "I take care not to be close enough to disturb people while talking to them" items can be shown. The third factor is named as willingness to establish relationships (WER), and there are three items in this factor. According to this factor, "I take the time to listen to what the people I am in a relationship with have to say." item can be cited as an example. The fourth factor consists of five items and this dimension is called Active Listening and Non-Verbal Communication (ALNVC). "When I listen to someone, I try to understand what they mean rather than how to respond." and "When listening to the speeches, I pay attention to the harmony of facial expression or body posture with the content" can be given as examples of this dimension. The last and fifth factor was named as conforming to communication principles (CCP), which consisted of three items, and was "I accept people as they are." one of its ingredients. Reliability of CSS-AF: The Cronbach alpha coefficient of the scale was calculated as .94. The internal consistency coefficients for the sub-factors of the scale were .95 for BS-SE; .81 for PAC; It was calculated as .74 for WER, .76 for ALNVC and .65 for CCP. These values show that the reliability level of CSS is sufficient (Owen & Çelik, 2018).

2.3. Procedure

1.1 Before starting the research, necessary permission was obtained from the Ethics Committee of Ondokuz Mayıs University Faculty of Education. Necessary permissions will be obtained from those who developed the scales for the Health Anxiety Inventory (Short Version), Marital Adjustment Scale, Communication Skills Scale (Adult Form) to be used in the study, and the study will begin after the permission. The Health Anxiety Inventory (Short Version), Marital Adjustment Scale, Communication Skills Scale (Adult Form) to be used in the research will be applied to 250 volunteer participants residing in Samsun by sending a link via Google Forms and handing out some of them, and the data will be collected in this way. The data to be obtained will be analyzed with SPSS 26 for Windows Package Program.

2.4. Data Analysis

Research data were analyzed using the SPSS 26 program. First of all, the socio-demographic characteristics of the participants were analyzed. The differences between marital adjustment, communication skills and health anxiety and gender variables were determined by using the T test; the difference between marital adjustment, communication skills and health anxiety and variables of age, educational level, duration of marriage, way of marriage and number of children were analyzed with ANOVA (one-way analysis of variance). Post Hoc (LSD) multiple comparison test was used to understand from which groups the difference originated. Pearson correlation coefficient analysis technique was used to examine the relationship between health anxiety, communication skills and marital adjustment variables. Regression Analysis method was used to reveal the effect of health anxiety on marital adjustment and communication skills.

III. FINDINGS

In the findings part of the research, analyzes of the data obtained from the participants are given together with the tables and explanations.

3.1. Findings of the Sociodemographic Characteristics of the Participants

Table 1: Socio-demographic characteristics of the participants

Variables		N	%
Gender	Female	144	56.9
	Male	109	43.1
Age	18-25	2	0.8
	26-33	98	38.7
	34-41	100	39.5
	42-49	44	17.4
	50 and above	9	3.6
Educational Level	Primary School	65	25.7
	High school	26	10.3
	University	143	56.5
	Master's Degree/PhD	19	7.5
Way of marriage	Flirting	129	51
	Arranged Marriage	55	21.7
	Arranged Marriage+ Flirting	69	27.3
Year of Marriage	0-5	43	17
	5-10	74	29.2
	11-15	75	29.6
	16-20	39	15.4
	21 years and above	22	8.7
Number of Children	No child	16	6.3
	1	70	27.7
	2	102	40.3
	3	50	19.8
	4 and above	15	5.9

When Table 1 is examined, it is seen that a total of 253 married individuals, 144 (56.9%) female and 109 (43.1%) male, participated in the research. The individuals participating in the study, 2 (.8%) were between the ages of 18-25, 98 (38.7%) were between the ages of 26-33, 100 (39.5%) were between the ages of 34-41, and 44 (17.4%) were in the 42-49 age range, 9 (3.6%) were 50 years or older; 60 (25.7%) primary school graduates, 26 (10.3%) high school graduates, 143 (56.5%) university graduates, and 19 (7.5%) master's degree and PhD graduates; 129 (51%) had Flirting marriages, 55 (21.7%) had arranged marriages, 69 (27.3%) had arranged + Flirting marriages; 43 (17%) were married for 0-5 years, 74 (29.2%) were married for 6-10 years, 75 (29.6%) were married for 11-15 years, 39 (29.2%) 15.4 It is seen that he was married for 16-20 years and 22 of them were married for 21 years or more. 237 (93.7) of the participants stated that they had children and 16 (6.3) of them stated that they did not have children.

3.2. Examining the Relationship between Marital Adjustment and Various Variables

3.2.1. Examining the relationship between marital adjustment and gender variable

Table 2: T-Test results between marital adjustment and gender variable

		N	\bar{X}	Ss	t	p
Marital Adjustment	Female	144	2.66	.59	-.880	.38
	Male	109	2.73	.60		

When Table 2 is examined, it has been determined that there is no statistically significant difference between the mean marital adjustment scores of female (\bar{x} =2.66) and the mean marital adjustment scores of male (\bar{x} =2.73) according to the gender variable ($t(251) = -.880, p = .38$).

3.2.2. Examining the relationship between marital adjustment and age variable

Table 3: Examination of marital adjustment by age variable

	Age	N	\bar{X}	Ss	F	p
Marital Adjustment	18-25	2	2.86	1.41	1.045	.385
	26-33	98	2.78	.56		
	34-41	100	2.65	.61		
	41-49	44	2.60	.62		
	50 and above	9	2.59	.57		

$p > .05$

When Table 3 is examined, no statistical difference was found between the marital adjustment of married individuals according to the age variable ($f=1.045; p > .05$).

3.2.3. Examining the relationship between marital adjustment and educational level variable

Table 4: Examination of marital adjustment according to the variable of educational level

	Educational level	N	\bar{X}	Ss	F	p	Significant Difference
Marital Adjustment	Primary School	65	2.49	.72	3.503	.016	3-1; 4-1
	High school	26	2.72	.58			
	University	143	2.76	.52			
	Master's Degree/PhD	19	2.81	.63			

$p < .05$

When Table 4 is examined, it has been determined that there is a statistically significant difference between the marital adjustment of married individuals according to the education variable ($f=3.503; p < .05$). As a result of the LSD Post Hoc test

performed to determine between which groups this difference is, it was found that the difference was significant in favor of married individuals who graduated from "Master's/PhD" and "University". It can be said that the marital adjustment of married individuals with "Master's/PhD" and "University" education status is positive compared to married individuals with "Primary education".

3.2.4. Examining the relationship between marital adjustment and years of marriage variable

Table 5: Examination of marital adjustment according to the variable of years of marriage status

	Years of marriage	N	\bar{X}	Ss	F	p
Marital Adjustment	0-5 years	43	2.86	.49	2.004	.095
	6-10 years	74	2.76	.51		
	11-15 years	75	2.61	.72		
	16-20 years	39	2.61	.63		
	21 and above	22	2.53	.51		

$p > .05$

When Table 5 is examined, no statistical difference was found between the marital adjustment of married individuals according to the variable of years of marriage ($f=2.004$; $p > .05$).

3.2.5. Examining the relationship between marital adjustment and way of marriage variable

Table 6: Examination of marital adjustment according to the variable of way of marriage

	Way of marriage	N	\bar{X}	Ss	F	p	Significant Difference
Marital Adjustment	Flirting	129	2.8	.54	4.721	.010	1-2.3
	Arranged Marriage	55	2.58	.67			
	Arranged Marriage+Flirting	69	2.57	.61			

$p < .05$

When Table 6 was examined, it was determined that there was a statistically significant difference between the marital adjustment of married individuals according to the variable of way of marriage ($f=4.721$; $p < .05$). As a result of the LSD Post Hoc test performed to determine between which groups this difference was, it was found that the difference was significant in favor of "Flirting". In other words, it can be said that the marital adjustment of married individuals whose way of marriage is "Flirting" is positive compared to married individuals whose marriage style is "arranged" and "arranged + flirting".

3.2.6. Examining the relationship between marital adjustment and the number of children variable

Table 7: Examination of marital adjustment according to the number of children variable

	Number of Children	N	\bar{X}	Ss	F	p
Marital Adjustment	Zero	16	2.63	.57	1.235	.297
	One	70	2.81	.56		

Examination Of The Relationship Between The Health Anxiety Levels Of Married Individuals On Their Communication Skills And Marital Adjustment

	Two	102	2.64	.62
	Three	50	2.62	.60
	Four and above	15	2.78	.64

$p > .05$

When Table 7 is examined, no statistical difference was found between marital adjustment according to the number of children variable of married individuals ($f=1.235$; $p > .05$).

3.3. Examining the Relationship between Communication Skills and Various Variables

3.3.1. Examining the relationship between communication skills and gender variable

Table 8: T-Test results between communication skills and gender variable

		N	\bar{X}	Ss	t	p
Communication Skills	Female	144	3.96	.45	2.901	.004
	Male	109	3.76	.60		

$p < .05$

When Table 8 is examined, it was determined that there was a statistically significant difference between the mean communication skills scores of female ($\bar{x}=3.96$) and the mean communication skills scores of male ($\bar{x}=3.76$) according to the gender variable ($t(193) = 2.901$, $p = .004$).

3.3.2 Examining the relationship between communication skills and age variable

Table 9: Examination of communication skills according to age variable

	Age	N	\bar{X}	Ss	F	p
Communication Skills	18-25	2	3.88	.73	.603	.661
	26-33	98	3.94	.47		
	34-41	100	3.83	.58		
	41-49	44	3.85	.52		
	50 and above	9	3.92	.66		

$p > .05$

When Table 9 is examined, no statistical difference was found between the communication skills of married individuals according to the age variable ($f=.603$; $p > .05$).

3.3.3. Examining the relationship between communication skills and educational level variable

Table 10: Examination of communication skills according to the variable of educational level

	Educational Level	N	\bar{X}	Ss	F	p	Significant Difference
Communication Skills	Primary School	65	3.52	.58	14.987	.001	2-1;
	High school	26	3.98	.52			3-1;
	University	143	4.00	.42			4-1

Examination Of The Relationship Between The Health Anxiety Levels Of Married Individuals On Their Communication Skills And Marital Adjustment

Master's Degree/PhD	19	4.05	.60
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$p < .05$

When Table 10 is examined, it has been determined that there is a statistically significant difference between the communication skills of married individuals according to the educational variable ($f=14.987$; $p < .05$). As a result of the LSD Post Hoc test performed to determine between which groups this difference is, it was found that the difference was significant in favor of married individuals who graduated from "Master's Degree/PhD", "University" and "High School". It can be said that the communication skills of married individuals with "Master's Degree/PhD", "University" and "High School" educational levels are positive compared to married individuals with "Primary Education".

3.3.4. Examining the relationship between communication skills and years of marriage variable

Table 11: Examination of communication skills according to the variable of years of marriage status

	Years of Marriage	N	\bar{X}	Ss	F	p
Communication Skills	0-5 years	43	3.91	.38	1.975	.099
	6-10 years	74	4.01	.48		
	11-15 years	75	3.78	.57		
	16-20 years	39	3.84	.57		
	21 and above	22	3.79	.65		

$p > .05$

When Table 11 is examined, no statistical difference was found between the communication skills of married individuals according to the variable of years of marriage ($f=1.975$; $p > .05$).

3.3.5. Examining the relationship between communication skills and way of marriage variable

Table 12: Examination of communication skills according to the variable of way of marriage

	Way of marriage	N	\bar{X}	Ss	F	p	Significant Difference
Communication Skills	Flirting	129	4.01	.44	8.553	.001	1-2.3
	Arranged Marriage	55	3.72	.63			
	Arranged Marriage+Flirting	69	3.76	.54			

$p < .05$

Examination Of The Relationship Between The Health Anxiety Levels Of Married Individuals On Their Communication Skills And Marital Adjustment

When Table 12 is examined, it has been determined that there is a statistically significant difference between the communication skills of married individuals according to the variable of way of marriage ($f=8.553$; $p<.05$). As a result of the LSD Post Hoc test performed to determine between which groups this difference was, it was found that the difference was significant in favor of "Flirting". In other words, it can be said that the communication skills of married individuals whose way of marriage is "Flirting" are positive compared to married individuals whose way of marriage is "arranged" and "arranged + flirting".

3.3.6. Examining the relationship between communication skills and the number of children variable

Table 13: Examination of communication skills according to the number of children variable

	Number of Children	N	\bar{X}	Ss	F	p	Significant Difference
Communication Skills	Zero	16	4.00	.34	4.188	.003	0-3; 1-3; 2-3
	One	70	4.02	.39			
	Two	102	3.89	.54			
	Three	50	3.64	.57			
	Four and above	15	3.81	.76			

$p<.05$

When Table 13 is examined, it has been determined that there is a statistically significant difference between the communication skills of married individuals according to the number of children variable ($f=4.188$; $p<.05$). As a result of the LSD Post Hoc test performed to determine between which groups this difference is, it was found that the difference was significant in favor of married individuals with "Zero", "One" and "Two" children. It can be said that the communication skills of married individuals who have "Zero", "One" and "Two" children are more positive than those of married individuals who have "Three" children.

3.4. Examining the Relationship between Health Anxiety and Various Variables

3.4.1. Examining the relationship between health anxiety and gender variable

Table 14: T-Test results between health anxiety and gender variable

		N	\bar{X}	Ss	t	P
Health Anxiety	Female	144	.96	.50	2.890	.004
	Male	109	.79	.44		

$P<.05$

When Table 14 is examined, it has been determined that there is a statistically significant difference between the mean health anxiety level scores of female ($\bar{x}=.96$) and the mean health anxiety level scores of male ($\bar{x}=.79$) according to the gender variable ($t(244)=2.890$, $p=.001$).

3.4.2. Examining the relationship between health anxiety and age variable

Table 15: Examination of health anxiety according to age variable

	Age	N	\bar{X}	Ss	F	P
Health Anxiety	18-25	2	.91	.11	.662	.619
	26-33	98	.90	.46		
	34-41	100	.90	.50		

Examination Of The Relationship Between The Health Anxiety Levels Of Married Individuals On Their Communication Skills And Marital Adjustment

	41-49	44	.89	.50
	50 and above	9	.63	.50

$p > .05$

When Table 15 is examined, no statistical difference was found between the health anxiety of married individuals according to the age variable ($f = .662$; $p > .05$).

3.4.3. Examining the relationship between health anxiety and educational level variable

Table 16: Examination of health anxiety according to the variable of educational level

	Educational Level	N	\bar{X}	Ss	F	p
Health Anxiety	Primary School	65	1.05	.65	3.512	.016
	High school	26	.81	.41		
	University	143	.85	.41		
	Master's Degree/PhD	19	.74	.39		

$p < .05$

When Table 16 is examined, it has been determined that there is a statistically significant difference between the health anxiety of married individuals according to the education variable ($f = 3.512$; $p < .05$). As a result of the LSD Post Hoc test performed to determine between which groups this difference is, it was found that the difference was significant in favor of married individuals who graduated from "Primary Education". It can be said that the health anxiety level scores of married individuals with a "Primary education" educational level are higher than the mean health anxiety levels of married individuals with "Master's Degree/PhD", "University" and "High School".

3.4.4. Examining the relationship between health anxiety and years of marriage variable

Table 17: Examination of health anxiety according to the variable of years of marriage status

	Years of Marriage	N	\bar{X}	Ss	F	p
Health Anxiety	0-5 years	43	.75	.34	1.579	.181
	6-10 years	74	.87	.45		
	11-15 years	75	.97	.51		
	16-20 years	39	.90	.51		
	21 and above	22	.92	.61		

$p > .05$

When Table 17 is examined, no statistical difference was found between the health anxiety of married individuals according to the variable of years of marriage ($f = 1.579$; $p > .05$).

3.4.5. Examining the relationship between health anxiety and way of marriage variable

Table 18: Examination of health anxiety according to the variable of way of marriage

	Way of marriage	N	\bar{X}	Ss	F	P
Health Anxiety	Flirting	129	.84	.42	1.969	.142
	Arranged Marriage	55	.91	.55		
	Arranged Marriage+Flirting	69	.98	.51		

p>.05

When Table 18 is examined, no statistical difference was found between married individuals' way of marriage variable and health anxiety (f=1.969; p>.05).

3.4.6. Examining the relationship between health anxiety and the number of children variable

Table 19: Examination of health anxiety according to the number of children variable

	Number of Children	N	\bar{X}	Ss	F	p
Health Anxiety	Zero	16	.74	.40	1.878	.115
	One	70	.84	.38		
	Two	102	.89	.47		
	Three	50	1.04	.56		
	Four and above	15	.80	.66		

p>.05

When Table 19 is examined, no statistical difference was found between health anxiety according to the number of children variable of married individuals (f=1.878; p>.05).

3.5. Investigation of the Relationship between Health Anxiety, Communication Skills and Marital Adjustment of Married individuals

Table 20: Examining the relationship between married individuals' health anxiety levels, communication skills and marital adjustment

	Health Anxiety	Communication Skills	Marital Adjustment
Health Anxiety	1	-.108	-.190**
Communication Skills	-.108	1	.283**
Marital Adjustment	-.190**	.283	1

p<.05

According to the results of Pearson correlation analysis, no significant relationship was found between health anxiety and communication skills of married individuals ($r=-.108$; $p>.05$). It is observed that there is a weak and negative significant relationship between health anxiety and marital adjustment ($r=-.190$, $p<.05$). It is observed that there is a weak and positive significant relationship between the communication skills of married individuals and their marital adjustment ($r=.283$, $p<.05$).

3.6. Investigation of the Effects of Married individuals' Health Anxiety on Communication Skills

Table 21: The results of the regression analysis of the relationship between the health concerns of married individuals to predict their communication skills

Independent variable	Dependent Variable	B	Standard Error	β	t	p
Health Anxiety	Communication Skills	3.989	.070	-.108	56.69	.087

$p>.05$

When Table 21 was examined, it was determined that the independent variable health anxiety did not predict the dependent variable communication skill ($F(1,251)=2.958$, $p>.05$).

3.7. Investigation of the Effects of Married individuals' Health Anxiety on Marriage Adjustment

Table 22: Results of regression analysis of the relationship between married individuals' health concerns to predict marital adjustment

Independent variable	Dependent Variable	B	Standard Error	β	t	p
Health Anxiety	Marital Adjustment	2.907	.078	-.190	37.07	.002

$p<.05$

When Table 22 is examined, it is seen that health anxiety significantly predicts marital adjustment ($R=.190$, $R^2=.036$) in married individuals ($F(1,251)=9.372$, $p<.05$).

IV. RESULTS, DISCUSSION AND SUGGESTIONS

4.1. Results

This research; aimed to reveal the relationship between health anxiety of married individuals, marital adjustment and communication skills. A total of 253 married individuals, 144 female and 109 male, participated in the study voluntarily. In the study, participants' health concerns, marital adjustment, communication skills and some sociodemographic variables were examined. The data obtained from married individuals participating in this research were analyzed with appropriate statistical methods. In this section, the findings obtained as a result of the analyzes are discussed and interpreted on the basis of the literature.

For these purposes, marital adjustment and gender were examined. When the literature on the subject was searched, it was seen that there were different opinions. Tutarel-Kışlak (2015) found in his/her study that the marital adjustment of female is higher than that of male. Gürsoy (2004) and Kalkan (2002) found in their studies that there was no significant difference between marriage and gender adjustment. As a result of the analyzes, the absence of a statistically significant difference in the relationship between marital adjustment and gender supports the results of the studies. It is thought that the replacement of the usual husband-wife roles in marriage life with modern gender roles may also be effective. In addition, it can be said that the spouses have achieved marital adjustment with the increase in their awareness of the marital relationship.

When the relationship between the age of the participants and marital adjustment was examined, it was seen that there was no significant difference. It is thought that there is no significant difference between the variables of age and marital adjustment due to the fact that the participants in the study are mostly in the same age group.

In the literature, it is seen that there are different results between educational level and marital adjustment. According to the results obtained in this study, it was found that there was a statistically significant difference in terms of marital adjustment scores and educational level. The marital adjustment levels of university graduates and postgraduate students were found to be higher than primary school graduates. In support of the results of the research, Hoşgör (2013) and Akpınar and Kırlioğlu (2020) determined that educational level is an important variable on marital adjustment and that as the level of education increases, marital adjustment also increases.

Marital adjustment and years of marriage were examined. Looking at the literature on the subject, Tutarel-Kışlak and Çabukça (2002) found in their study that marital adjustment did not differ according to the years of marriage. Similarly, in this study, no significant difference was found between the years of marriage and marital adjustment. It is thought that there is no statistically significant difference between the age factor and marital adjustment as a result of the adaptation of the married individuals participating in the research to the marriage process regardless of age factor.

When the literature on the relationship between marital adjustment and way of marriage is examined, it is understood that the studies are not common. Özmen-Süataç (2010) found in his study that the marital adjustment of the individuals who married willingly/by agreement was significantly higher. It is thought that the way of marriage is an important factor affecting the relationship between spouses in marriage life.

Studies have shown that different results have been obtained regarding the relationship between marital adjustment and the number of children. In the studies of Tutarel-Kışlak and Çabukça (2002) no significant relationship was found between marital adjustment and the number of children. Although it is thought that the marital adjustment in the marriage life of the spouses will increase because the child can keep the family together, marital adjustment is also inevitable in marriages where the spouses understand each other and accept each other in all aspects. Married individuals are thought to keep parental roles and spouse roles separate.

In many scientific studies examining the relationship between communication skills and gender variable, it is seen that different results are obtained. In this study, it was determined that there was a statistically significant difference between communication skills and gender. In addition, it was determined that the total average score of female participants from the communication skills scale was higher than that of male participants. When examined in the literature, similar results are found in the research conducted by Koç, Terzi, and Gül (2015). The stereotypical gender roles envisaged by the society and the roles of female in social life are seen as the reason for this difference.

It is seen that different results have been obtained in studies examining the relationship between communication skills and age variable. In this study, no statistically significant difference was found between the communication skills of the participants in terms of age variable. When the literature is examined, the result of the study by Tepeköylü, Soytürk, and Çamlıyer (2009) also supports the result of this study. The fact that the participants participating in this study were in the same age group is seen as the reason why there is no significant difference between the age variable and communication skills.

When the variables of communication skills and educational level were examined, it was seen that there was a statistically significant difference between educational and communication skills. It has been observed that graduates of Master's Degree/PhD, University and high school have higher scores, and their communication skills are at a higher level than primary school graduates. The reason for this is thought to be that individuals with a high level of education have higher levels of empathy, pay more attention to the thoughts and words of the other person, and can express themselves more accurately.

When the relationship between communication skills and years of marriage was examined, no statistically significant difference was found. Köyceğiz and Özbey (2019) obtained similar results in their study. It is thought that variables different from the years of marriage variable are effective in the communication skills of married individuals in obtaining this result.

When the relationship between the type of marriage and communication skills was examined, a statistically significant difference was observed between the communication skills of the individuals who were married by flirting and arranged + flirting and the communication skills of the individuals who were married in an arranged manner. The communication skills scores of the individuals who were flirting and had a flirting+arranged marriage were higher. The reason for this may be the fact that individuals who married by flirting and arranged + flirting had the opportunity to get to know each other longer before marriage.

When the literature was examined, it was seen that the number of studies examining the relationship between the number of children and communication skills was inaccurate. In this study, the communication skill scores of individuals with 0, 1, 2 children were calculated to be higher than those with 3 or more children. It was found that there is a statistically significant relationship between the number of children and their communication skills. The reason for this can be shown as the increase in the number of children, the concentration of all attention and attention on the children, the decrease in the time spent by the spouses for each other, and the increase in negative emotions such as anxiety as their responsibilities as parents increase.

A statistically significant difference was found between health anxiety and gender variable. It was observed that female's health anxiety scores were higher than male's. When the literature is examined, it is seen that studies on health anxiety are limited. The study by Bahadır, Ayvat and Şıran (2018) supports the result of this study. It is thought that the fact that female are more sensitive to bodily sensations may be effective in higher health anxiety than male.

There was no statistically significant difference between health anxiety and age factor. It is thought that the inclusion of the individuals participating in the study in a similar age group is effective in obtaining this result.

A statistically significant difference was found between the health anxiety levels of the participants and their educational level. It was observed that the total health anxiety scores of the Master's Degree/PhD, graduate and high school graduates were higher than the primary school graduates. It is thought that the idea that primary school graduates have lower levels of accessing accurate information and receiving health care when necessary, compared to individuals with higher education levels, is effective in obtaining this result.

As a result of the research, no statistically significant difference was found between the variables of years of marriage, type of marriage, number of children and health anxiety levels of the individuals participating in the study. These variables do not appear to be related to the health levels of individuals. It has been observed that health anxiety is mostly related to gender and educational level.

When the relationship between health anxiety levels, communication skills and marital adjustment of married individuals is examined, no significant relationship was found between health anxiety and communication skills of married individuals. It is seen that there is a weak and negative significant relationship between health anxiety and marital adjustment. It is seen that there is a weak and positive significant relationship between the communication skills of married individuals and their marital adjustment.

When the effect of the health concerns of married individuals on their communication skills was examined, it was found that the independent variable health anxiety did not predict the dependent variable communication skills. When the effect of married individuals' health concerns on marital adjustment is examined, it is seen that health anxiety significantly predicts marital adjustment in married individuals. Since health anxiety affects the individual's thoughts and feelings as well as his behaviors, it is thought that this situation is also reflected in his married life.

4.2. Suggestions

When the literature on the subject of the research was examined, it was seen that there were not many studies on variables such as health anxiety and marital adjustment. It is thought that researches on these variables will contribute to the field if they are conducted with different variables.

Findings from the research can contribute to the work of experts working in the field of marriage. One of the biggest limitations of this study is that the participants of this study are only married individuals. In the future, a similar study can be reconsidered with a sample of individuals living together without being married or divorced.

By conducting a longitudinal study of the married couples participating in the study, it can be examined more deeply whether the marital adjustment levels and communication skills between spouses have changed over time. For the generalizability of the study, married couples living in different cities can also be included in the sample. The research can be expanded by including the health anxiety, marital adjustment and communication skills of married individuals, as well as their economic levels and perceived social support levels.

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