



## Influence of Stressful Life Events on Partners' Hostility and Rejection in Pregnant Women: Exploring the Mediating Role of Anxiety Sensitivity

Saira Majeed<sup>1</sup>, \*Dr. Farzana Ashraf<sup>2</sup>, Urooj Niaz<sup>3</sup>, Maham Kanwal<sup>4</sup>

<sup>1,2,3,4</sup> Department of Humanities, COMSATS University Islamabad, Lahore Campus

Corresponding Author: Email: [farzana.ashraf@cuilahore.edu.pk](mailto:farzana.ashraf@cuilahore.edu.pk)

### Abstract

Pregnancy is a stressful period during which stressful life events, including abuse, mental illness, and grief for loss and familial demands, negatively affect women's mental health; stressors lead to an increase in self-reported anxiety sensitivity, that is, the fear of anxiety-related bodily sensations. In Pakistani culture, a partner's hostility and rejection, marked by relationship conflict, may aggravate these effects. This study aims to investigate the relationship between stressful life events and partner hostility and rejection, and to evaluate the mediating role of anxiety sensitivity. Using a correlational research design, data were collected using the Stressful Life Events Screening Questionnaire (SLESQ), Anxiety Sensitivity Index (ASI-r), and Intimate Adult Relationship Questionnaire (IARQ) from a sample of 205 pregnant women. Mediation analysis was conducted using the process macro for SPSS. The analysis revealed a significant positive relationship between stressful life events and partner hostility and rejection; further, this relationship was significantly mediated by anxiety sensitivity. The results revealed that anxiety sensitivity significantly mediated the relationship between stressful life events and partner hostility and rejection during pregnancy. These findings stress the need to incorporate anxiety sensitivity as one of the factors that should be targeted during stress intervention in pregnant women, especially in settings with a partner's hostility that may exacerbate psychological distress during pregnancy.

**Keywords:** Pregnancy, Stressful Life Events, Anxiety Sensitivity, Partner Hostility, Relationship Dynamics

### Introduction

Over the past decade, studies have shown the significant impact of stressful life events on mental and physical well-being while demonstrating their long-term consequences. Stressful experiences, such as early childhood Abuse, domestic violence, health crisis, financial problems, along with interpersonal conflicts and relational difficulties, require substantial psychological adjustments. These experiences can contribute to heightened risk of mental health challenges, chronic disease, and social difficulties. Studies highlight that these stressors not only affect the current psychological state but also have lasting implications, creating long-term health problems through psychological and biological mechanisms. One such area of growing concern is the impact of life stressors on pregnancy, a highly sensitive phase in women's lives characterized by heightened vulnerability to stress and emotional challenges (Davis & Narayan, 2020)

Though having a child is a wonderful experience, pregnancy also brings some serious complications and risks. Research highlights that maternal exposure to stress during pregnancy can lead to adverse outcomes such as preterm birth, low birth weight, and developmental complications. The analysis of 5.6 million prenatal cases revealed that stressful pregnancy experiences elevated preterm birth frequency by 20%. In contrast, the incidence of low birth weight increased by 23%, and the occurrence of small-for-gestational-age babies rose by 14% (Ding et al., 2021).

A growing body of research has shown that prenatal stress significantly affects pregnancy, maternal health, and human development across the life span. Prenatal stress can range from severe to moderate to mild, including trauma, abuse, life stressors, and some mood-changing stress effects during pregnancy (Tang, 2022). These prenatal mental health issues increased the risk of developing adverse childbirth outcomes (Zhao et al., 2022). In addition to its physiological effects, stress during pregnancy can significantly impact interpersonal relationships. High stress causes women to experience heightened emotional sensitivity, which leads them to interpret negative partner behaviors as severe threats. Increased sensitivity due to stress often leads to misunderstandings, heightened tension in relationships, and an increased risk of conflicts. Unresolved stress can create long-term relationship issues that drive couples apart and increase their interpersonal hostility, ultimately damaging their bond (Kieslich & Steins, 2022).

Interpersonal relationships, particularly those with Intimate partners, play an important role in pregnant women's psychological and physical well-being (Khanna et al., 2023). A healthy relationship is a protective factor against stress during pregnancy (Omidvar et al., 2018). However, in cases where the relationship is already strained, additional stressors can exacerbate hostility, conflict, and partner rejection (Timmons et al., 2017). Partner hostility refers to the attitude, behavior, or actions exhibited by a partner in a relationship that express anger, neglect, or contempt. Partner rejection, in contrast, occurs when one of the partners repulses the other or acts in a manner that makes the partner feel that they do not care for them. This could manifest as verbal abuse, lack of attention, physical affection, or any behavior that suggests the partner is unimportant or undeserving of respect (Rohner, 2016).

The feeling of rejection can overwhelm and stress the person, significantly affecting the relationship over time (Rakovec-Felser, 2014). Research shows that pregnant women who experience hostile relationships face elevated risks of anxiety while also developing stress and depression symptoms. Additionally, women experiencing partner hostility and rejection prior to pregnancy are at high risk of substance abuse as a coping mechanism, which can adversely affect both fetal and mental health (Zhang et al., 2021). The dynamics of relationships during pregnancy are much complex. Various factors, including life stressors such as domestic violence, sexual abuse, financial difficulties, and the death of loved ones, influence them. Research indicates a prevalence of domestic violence during pregnancy affecting women's health and their quality of life. For instance, a study in Iran has reported that 44.5% were experiencing domestic violence during pregnancy, affecting both their physical and mental health (Gharacheh et al., 2015). Likewise, another study in Pakistan revealed that 31.4% of women experienced domestic violence, including psychological abuse, factors were the husband's unemployment and substance abuse (Aslam et al., 2024).

A meta review has shown that intimate Partner Violence during pregnancy not only affects the psychological well-being of women but also can cause preterm birth, low birth weight, and other maternal mental health issues (Agarwal et al., 2023; Tran et al., 2022). Verbal and emotional violence are the most common types of abuse during pregnancy (Sana et al., 2023). A case study in Australia highlighted significant partner rejection challenges faced by women at 36 weeks of pregnancy. Her partner suggested that she take a break, citing stress, which worsened her condition, creating a feeling of Isolation and insecurity about the relationship (Feiam, 2024). The family stress model states that financial difficulties lead to the caregivers' psychological stress, contributing to interpersonal conflict among caregivers. Studies highlight that financial pressure combined with health problems or inadequate social support makes pregnant women feel emotionally weak in ways their partners might interpret as oppressive (Wikipedia Contributors, 2025).

Stress during pregnancy affects the emotional and physiological responses of both parents. The pregnant woman faces direct physical and hormonal changes, but her partner experiences stress from both new parental responsibilities and outside pressures. The tension between partners increases when they experience either joint or personal stress, which intensifies previously dormant relationship disputes. For instance, among the psychosocial factors influencing pregnancy and marital dissatisfaction, stress and interpersonal relationships play an important role (Omidvar et al., 2018). Another study has revealed that stress experienced by men had a significant effect on the emotional closeness between couples, which in turn influences prenatal depression among pregnant women (Lee et al., 2021). Some researchers suggest that early life attachment styles with parents and caregivers are key factors in shaping individuals' ability to build and maintain relationships (Delgado et al., 2022; Li, 2023; Soltani & Yasmine, 2024). According to the Parental Acceptance-Rejection Theory, early life experiences, particularly in Acceptance and rejection, play a significant role in shaping an individual's attachment style. If a person has faced Rejection in their lifetime, they will have a greater chance of experiencing rejection in their later life Relationships (Rohner, 2016). Secure individuals can experience a higher sense of acceptance from their partner. Individuals who are insecure or anxious tend to feel rejected and abandoned by their partners.

Stressful life events not only create interpersonal difficulties but also have significant psychological consequences on oneself, such as anxiety sensitivity. Anxiety sensitivity, for instance, is one of those individual difference factors that has a unique contribution to how people experience or respond to different forms of life stress. Anxiety sensitivity is defined as the aversive experience of the bodily responses to anxiety, and this can alter the way people react to stress. Studies highlight that stressful experiences may contribute to Anxiety Sensitivity by triggering a cycle of heightened or hyper self-awareness. It involves increased sensations and cognitive and physical symptoms, leading to potential consequences (McLaughlin & Hatzenbuehler, 2009).

Stressful life events are longitudinally associated with anxiety sensitivity. A study utilizing data from The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) highlighted that those individuals experiencing life stressors had an increased risk of developing the anxiety disorder with a three-year follow-up period. More than half of the adolescents developing Anxiety had encountered Stressful Experiences (Miloyan et al., 2018). Post-traumatic stress disorder symptoms (PTSD), developed by traumatic events, are closely associated with

anxiety sensitivity. Individuals with PTSD often experience heightened sensitivity, which can worsen the condition (Luciano et al., 2022). Anxiety sensitivity can be a transdiagnostic factor in the immediate PTSD period, to identify the individuals at risk of developing PTSD (Short et al., 2022). Among the risk factors for developing anxiety sensitivity, the most prevalent are disturbance of routine life, adverse experiences, and social withdrawal (Jin et al., 2022).

Anxiety sensitivity not only contributes to internalizing symptoms such as depression and anxiety but also has a significant impact on interpersonal relationships. Individuals with AS tend to demonstrate intensely sensitive reactions to perceived rejection alongside the ability to detect potential rejection in others easily. Highly sensitive individuals often perceive uncertain social signals as deliberate rejections, which can create challenges in their relationships with others. Research by Downey and Feldman (1996) revealed that people who expect rejection tend to interpret neutral behaviors from others as intentional rejection, thereby undermining intimate connections. The manifestations of anxiety in interpersonal relationships include behaviors that involve attachment difficulties and controlling conduct, as well as relationship avoidance strategies. The behavioral responses from anxiety create communication problems, which trigger trust issues and intimacy concerns that badly impact relationship satisfaction (Priest, 2012). Recent research highlights that higher anxiety sensitivity is linked to poorer sexual well-being and increased sexual distress (Dolan, 2024). Women during pregnancy exhibit heightened anxiety sensitivity, leading to heightened sensitivities towards perceived partner rejection. Perinatal anxiety and depression symptoms become worse through an exaggerated reaction to partner behaviors, which partners may perceive as neutral or uncertain. The period from pregnancy until childbirth remains crucial for mental health because anxiety sensitivity, combined with sensitivity to perceived rejection, negatively impacts maternal welfare and partnership strength. Therefore, understanding the mediating role of Anxiety Sensitivity in the relationship between Stressful life Events and partner hostility and rejection is necessary to understand the early stressors and targeted interventions to reduce relational distress and improve maternal well-being.

### **Rationale of the study**

Pregnancy is a vulnerable period in women's lives during which many psychological, physical, and social changes occur. In Pakistan, these changes are often exacerbated by family dynamics, cultural expectations, and other stressors. Stressful life events such as financial stressors, domestic violence, abuse, and lack of social support can contribute to the heightened psychological distress among pregnant women (Tesfaye et al., 2023; Rudd et al., 2022). While prior research highlights the effects of stressors on adverse mental health, the influence on the relationship dynamics during pregnancy is underexplored, especially in a collectivistic culture like Pakistan. During pregnancy, a woman develops a deeper emotional and physical connection to her partner, making her more sensitive to romantic tensions. Society's pressure against marital distress conversation, along with stressful life events, results in a hostile relationship environment in which partner aggressiveness becomes more common (Neff & Karney, 2017). During this period, anxiety sensitivity serves as a fundamental psychological mechanism that lets stress intensify relationship conflicts (Priest, 2012). However, the direct relationship with anxiety sensitivity and life stressors remains unexplored.

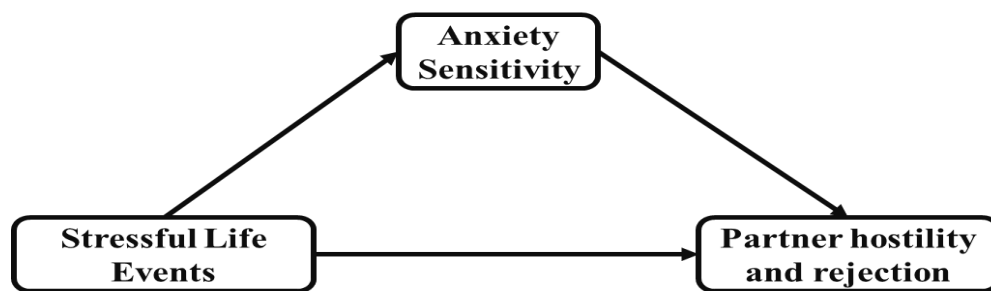
Another important gap is that previous research explored the impact of Stressful Life Events on the marital relationship and maternal well-being separately in Western culture (Neff & Karney,

2017; Hedrih, 2022). However, there is limited literature on how these constructs interplay with each other in a collectivistic culture like Pakistan, where family involvement, stigma, and societal pressure shape the interpersonal dynamics. Addressing these gaps is necessary to develop culturally appropriate interventions that can reduce the influence of stressors and Anxiety Sensitivity and can enhance Relationship quality among pregnant women.

### Hypotheses

Based on the above-mentioned literature, the following hypotheses were formulated:

- A significant positive correlation between stressful life events and partner hostility and rejection would be found.
- There would be a mediating role of anxiety sensitivity between stressful life events and partner hostility and rejection.



**Figure 1:** *Proposed Mediation Model*

### Materials and Methods

#### Participants and Procedure

The current correlational study targeted those pregnant women who had medically confirmed pregnancies, whose ages ranged from 19 to 37 years. Using purposive sampling, data were collected from 205 participants across different hospitals in Lahore, Punjab. To increase the validity of the research, only pregnant women who experienced some stress or stressful events were recruited. This criterion examines the correlation between stress and other psychologically indexed factors during this period of women's lives. Moreover, participants with any other medical conditions or diseases were also excluded. Additionally, only those participants were included who were not taking any counseling or other psychological services during their pregnancy? The sample size was defined by G. Power analysis. The Shapiro-Wilk test is used to check the normality of data distribution. Concerned authorities also signed dual informed consent forms for the targeted institutes, participants, and guardians. Data was analyzed through IBM SPSS-26.

#### Measures

**1—Demographic Questionnaire:** A Demographic questionnaire was incorporated, asking about age, education (Postgraduate, Graduate, Undergraduate, and intermediate), Family System (Joint, Nuclear), number of children already born, family income, perceived socioeconomic status (Lower class, lower middle class, middle class, upper middle class, and upper class), and family system (Joint family / Nuclear family) and any medical condition.

**2. The Stressful Life Events Screening Questionnaire (SLESQ):** The SLESQ is a 13-item self-administered inventory developed by Goodman et al. (1998) that measures lifetime trauma exposure in individuals who do not seek treatment. The events are childhood physical abuse,

domestic violence, Life-threatening illness, life-threatening accident, Robbery, loss of loved ones, Forced or attempted intercourse, Unwanted Sexual Touching, Threats with Weapons, being present when another person was killed, other injury life threat for each of the traumatic events the screening questionnaire has a question for the participant's age at the time of occurrence of the event. The respondent is asked to identify a dichotomous event and other specific dimensions related to the event, such as its duration and frequency. The dichotomous responses for the items include yes and no, where yes is coded as 1 and no as 2. Among the items is "*Was physical force or a weapon ever used against you in a robbery or mugging?*" A higher score on the SLESQ indicates a greater number of reported Stressful Life Events, which have an actual and observed range of 0 to 9. The testing yielded valuable information indicating that SLESQ has adequate test-retest reliability, with a median Kappa. 89, convergent validity, indicated by the median Kappa, with a lengthier interview. 77.

**3- Anxiety Sensitivity Index (ASI-R):** The Anxiety Sensitivity Index (ASI-R) is the revised edition of the original ASI, developed to measure anxiety sensitivity and its dimensions. The revised Anxiety Sensitivity Index (ASI-r) is a 21-item self-report questionnaire originally developed by Taylor and Cox (1998). This questionnaire typically uses a Likert scale ranging from 0 (*very little*) to 4 (*very much*) to allow respondents to rate their level of agreement with each item. The items are: "*It is important to me not to appear nervous,*" and "*Unusual body sensations scare me.*" The actual and observed ranges ranged from 45 to 81, indicating that a higher score means higher anxiety sensitivity. As a result of reliability analysis, Cronbach's  $\alpha$  value for internal consistency was found to be 0.86.

**4. Intimate Adult Relationship Questionnaire (IARQ):** The IARQ, a shorter version of the Intimate Adult Relationship Questionnaire developed by Rohner (2008), is a 39-item questionnaire that measures one's perceived acceptance and rejection, as well as behavioral control, in an intimate relationship. This scale consisted of four subscales: Warmth/Affection, Hostility/Aggression, Indifferent/Neglect, and Undifferentiated/Rejection. The present study utilized three subscales indicating hostility and rejection from the partner. Every statement is answered on a 4-point Likert-type scale, ranging from 1 (*rarely true*) to 4 (*almost always true*). The item sample was "*I am emotionally attached to my husband.*" The IARQ measure was proven to be valid and reliable, and it had an internal consistency coefficient of 0.74 for the acceptance-rejection portion and 0.85 for the behavioral control portion in the USA sample. The test-retest reliability of the overscale was 0.97. Cronbach's  $\alpha$  for the total questionnaire was found to be 0.97 within the four weeks of the study, and for the subscales, it ranged from 0.85 to 0.96.

## Results

This section presents the findings that explain the relationship between the study variables, including stressful life events, anxiety sensitivity, and partner hostility and rejection. First, descriptive statistics were calculated to determine the data's normality, reliability, and representative characteristics of the sample (See Table 1). Then, correlation and mediation analyses were calculated to test the study hypotheses.

## Descriptive Statistics

The table presents the demographic summary of the participants, including their age, education, Family system, history of miscarriage, number of pregnancies, and their husband's employment status. The present study recruited 205 pregnant women with an average age of 27 years ( $SD = 3.44$ ), ranging from 19 to 37 years. At the educational level, 6.6% ( $n = 19$ ) reported being in the

primary category, 24.4% ( $n = 70$ ) in matric, 1.3% ( $n = 4$ ) in inter, and 18.5% ( $n = 53$ ) reported. At the educational level, 6.6% ( $n = 19$ ) reported being in the primary category, 24.4% ( $n = 70$ ) in matriculation, 1.3% ( $n = 4$ ) in intermediate, and 18.5% ( $n = 53$ ) in graduation. The family system was divided into two categories: nuclear family ( $n=77$ , 37.6%) and joint family ( $n=128$ , 62.4%). Among the sample, 6.3% ( $n = 13$ ) reported miscarriage during their first Pregnancy. Family Income was categorized into low 34.5% ( $n = 90$ ) and high Income 65.5% ( $n = 171$ ). Among the number of pregnancies, the majority reported their third 86,  $n=30$ ), 13 ( $n=4.5$ ) reported their first, 27 ( $n=9.4$ ) reported their second, 66 ( $n=23$ ) reported their fourth, and 12 ( $n=4.2$ ) reported their fifth pregnancy. Among the husbands' employment status, all were employed (see Table 1).

### Correlation Analysis

A correlation analysis was conducted following the descriptive statistics to examine the relationship between the study variables. Table 2 displays the correlation analysis between stressful life events, Anxiety sensitivity, hostility and aggression, indifference and neglect, and undifferentiated rejection. Stressful life events show a moderate positive correlation with anxiety sensitivity ( $r=.29^{**}$ ), indicating that higher levels of Stressful Events are associated with higher Anxiety Sensitivity. Stressful Life Events also show a positive correlation with behavioral outcomes, such as hostility and aggression ( $r =.16^*$ ), indifferent neglect ( $r =.19^*$ ), and undifferentiated rejection ( $r =.25^{***}$ ). This suggests that the partner's hostility and rejection increase as life stressors increase. Among the behavioral outcomes, hostility, aggression, and indifference neglect show the highest correlation, indicating a strong positive relationship between these variables.

**Table 1:** *Descriptive Characteristics of Study Participants*

Variables	<i>M</i>	<i>SD</i>	<i>Min-Max</i>	<i>f</i>	%
Age (years)	27.00	3.44	19-37	205	100%
Education	7.31	4.56	0-50		
Primary				19	6.6%
Matric				70	24.4%
Inter				4	1.3%
Graduate				53	18.5%
Family System					
Joint Family				128	62.4%
Nuclear Family				77	37.6%
Miscarriage					
No				192	93.7%
Yes				13	6.3%
Number of Pregnancies	3.09	1.17	0-7		
First				13	4.5%
Second				27	9.4%
Third				86	30.0%
Fourth				66	23.0%
Fifth				12	4.2%

**Table 2:** *Correlation Between Demographic Variables, Stressful Life Events, Anxiety Sensitivity, Partner Hostility, and Rejection.*

Variables	Stress	Anxiety Sensitivity	Hostility Aggression	Indifferent Neglect	Undifferentiated Rejection
Stressful Life Events	-	.29**	.16*	.19**	.25**
Anxiety Sensitivity		-	.26**	.32**	.33**
Hostility Aggression			-	.74**	.19**
Indifferent Neglect				-	.26**
Undifferentiated Rejection					-

*Note:* \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .; Family system: nuclear family=1, joint family=2

### Mediation Analysis

In the next step, mediation analysis was calculated by using Process-Macros (Hayes, 2004). Alternatively, hostility aggression, the direct effect of stressful life events is  $\beta = .18$  (CI: -.08 to .44), indicating that the direct effect is not statistically significant. While the indirect effect ( $\beta = .13$ , CI: .05 to .23) through Anxiety Sensitivity shows significant complete mediation, the significant Sobel  $Z = 3.28$  reveals that partner hostility and rejection are fully mediated by hostility aggression. Likewise, for Indifferent neglect, the direct effect is ( $\beta = .23$ , CI: -.04 to .51), indicating that this direct effect is also insignificant.

While the indirect effect of stressful Events on partner Hostility through Anxiety Sensitivity ( $\beta = .17$ , CI: .07 to .29) is significant, revealing complete mediation. The Sobel  $Z = 3.07$  indicates that anxiety sensitivity significantly mediated the relationship between Stressful Life Events and Indifferent Neglect. Conversely, the direct effect of Stressful Life Events on Undifferentiated Rejection ( $\beta = .18$ , CI: .03 to .33) remains significant. Moreover, the indirect effect is also significant ( $\beta = .09$ , CI: .03 to .16), indicating the partial mediation. The Sobel  $Z = 3.53$  indicated that Anxiety Sensitivity partially mediated the relationship.



**Table 3: Regression Weights of the Mediation Model**

Mediation Analysis	Anxiety Sensitivity		
	<i>B</i>	<i>SE</i>	95% <i>CI (LL-UL)</i>
<b>Hostility Aggression</b>			
Stressful Life Events (SLE)	.18	.13	-.08 to .44
Anxiety Sensitivity (AS)	.10	.02	.04 to .16
SLE → DV	.18	(Boot SE) .13	(Boot LL-UL) -.08 to .44
SLE → AS → DV	.13	(Boot SE) .04	(Boot LL-UL) .05 to .23
<b>Indifferent Neglect</b>			
Stressful Life Events (SLE)	.23	.14	-.04 to .51
Anxiety Sensitivity (AS)	.13	.03	.06 to .19
SLE → DV	.23	(Boot SE) .14	(Boot LL-UL) -.04 to .51
SLE → AS → DV	.17	(Boot SE) .05	(Boot LL-UL) .07 to .29
<b>Un-differentiated Rejection</b>			
Stressful Life Events (SLE)	.18	.07	.03 to .33
Anxiety Sensitivity (AS)	.06	.01	.03 to .10
SLE → DV	.18	(Boot SE) .07	(Boot LL-UL) .03 to .33
SLE → AS → DV	.09	(Boot SE) .03	(Boot LL-UL) .03 to .16

## Discussion

The present study analyzed the relationship between stressful life events and partner hostility and rejection, with anxiety Sensitivity as a mediating factor. The current findings suggest that pregnant women experiencing external life stressors are more likely to perceive partner rejection and hostility, and Anxiety Sensitivity significantly mediates this relationship. Women with high anxiety sensitivity respond more strongly to stress and interpret uncertain partner behaviors as negative, which creates more relationship conflict.

These findings align with the existing literature, suggesting that external life stressors, such as domestic violence, abuse, and lack of social support, can contribute to the quality of the relationship and can enhance anxiety sensitivity and other anxiety disorders (Malik et al., 2021; Miloyan et al., 2018). Randall and Bodenmann (2017) noted that individuals facing high-stress levels expressed lower satisfaction with their relationships and interpreted their partners' behaviors

as hostile and neglectful. These outcomes support the present research findings, as stress exacerbates the perception of rejection, resulting in decreased relationship satisfaction.

Prior studies highlight that prenatal stress contributes to emotional distress and marital dissatisfaction (Dong et al., 2022). The hostility and rejection perceived by women during pregnancy not only affect maternal well-being but also lead to pre-term birth and other developmental issues in a child. The dyadic model approach revealed that expectant mothers not only feel stressed about their marriage, but mothers' stress can also contribute to the father's prenatal depression by influencing the marital satisfaction (Mangialavori et al., 2021). During pregnancy, spouse-related stress can influence marital intimacy, which in turn can affect women's prenatal depression (Lee et al., 2021).

Within Pakistani culture, pregnancy typically brings elevated social pressure, which seems to intensify these effects. Pregnant women in Pakistani society usually receive both financial and emotional support from their partners and extended family members. During stressful events such as economic hardship and conflicts with their partner and family members, high anxiety sensitivity women often experience heavier emotional distress, which causes misunderstandings and heightened partner-hostility. Research by Habiba and Kamal. (2022) highlights the impact of economic strain on the quality of relationships among Pakistani women. The findings showed that financial stress may increase conflicts and decrease the perception of partner support due to increased stress. This aligns with the current research hypothesis that stressful life events, including economic hardships, contribute to the perception of rejection in intimate partners' acceptance.

Intimate partner violence or domestic violence, whether in the form of verbal or physical, can have adverse outcomes on maternal well-being (Sana et al., 2023). Studies highlight that intimate partner violence during pregnancy can have a major impact on maternal well-being, which in turn can reduce marital satisfaction (Najmi & Mirghafourvand, 2024). The results of the current study align with the findings from the Intimate Adult Relationships Questionnaire (IARQ) theory, which underlies Rohner's Parental Acceptance-Rejection Theory (PART). On this basis, Rohner advanced his theory of perceived parental acceptance-rejection (PAR), asserting that, as with parental relationships, perceived acceptance or rejection in intimate relationships has a profound and pervasive impact on psychological and relational well-being (Rohner & Melendez, 2008).

Research has proved that maternal stress during pregnancy results in emotional dysregulation alongside marital dissatisfaction (Huth-Bocks et al., 2004). Study results show that people with high AS tend to sense rejection frequently, leading them to display defensive reactions along with relationship issues (Priest, 2012). Research extends the current scientific understanding of these perspectives by focusing on Pakistani cultural dynamics that shape how pregnancy influences partner communication in light of traditional social expectations. The research results validate Taylor's (1999) model, where people with elevated anxiety sensitivity show greater distress from misreading bodily anxiety signals. Pregnant women with elevated AS levels probably identified normal physiological signals as warning signs, so they acted defensively when interacting with their partners. Defensive reactions from women during pregnancy contributed to escalated partner hostility because their partners did not comprehend their emotional condition.

### **Limitations and Suggestions**

The research has several limitations that need to be addressed in the future. Firstly, the cross-sectional research design prevents researchers from determining whether stressful life events and anxiety sensitivity directly cause partner hostility. The relationship between these variables requires longitudinal research to track their evolution and assess their impact on partner hostility throughout pregnancy and in the immediate postpartum period. Secondly, research utilized self-reported evaluations that can be influenced by both reported subjectivity and participants' desire to appear favorable. Additional contributions from informants, partners, and healthcare professionals would strengthen the reliability of the research findings.

The results from this study cannot be generalized beyond Pakistani women, as it has a culture-specific focus. Future investigations should conduct nationwide studies across social environments to examine whether such relationships are maintained across cultural norms. The study fails to account for psychological factors, including depression, together with coping mechanisms and personality traits, which potentially impact the stress and anxiety sensitivity and partner aggression connection. An improved research framework should include all relevant variables to explain the observed relationships. This research lacks a comprehensive investigation into how partners perceive their relationships, which is vital to understanding their dynamics. Studies need to examine pregnancy experiences through dyads that follow both partners to document their behaviors during this period. Some participants may have concealed their experiences of partner hostility because of Pakistani cultural norms that stigmatize mental health and domestic issues. Future investigations should employ either qualitative research strategies or anonymous report methods to improve the honesty of subject feedback.

### **Future Implications**

The research implications of this study will inform maternal mental health interventions, relationship counseling, and public health policies. Research on the effects of anxiety sensitivity (AS) on pregnancy outcomes shows that providers need to develop specific treatment methods for reducing pregnant women's AS to minimize partner hostility. Cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) provide psychological interventions that help women learn coping mechanisms to handle anxiety sensitivity, and this reduces their misinterpretation of partner actions while diminishing relationship tensions.

The prenatal healthcare assessment process must include routine monitoring of anxiety sensitivity and relationship distress by trained clinical providers. Routine maternal healthcare assessments for mental health enable healthcare providers to identify women who face potential partner hostility because of elevated AS. Relationship counseling combined with couple-based interventions helps partners learn more effective methods of conflict resolution, which lowers the prospects of separation or aggressive behavior during pregnancy.

Maternal mental health policies require attention that specifically targets psychological distress, together with interpersonal conflict during pregnancy, according to these findings. Policymakers need to establish awareness initiatives coupled with supportive group networks, along with available mental health care services, to provide pregnant women with proper psychological and social assistance. Culturally sensitive mental health programs should be developed in Pakistan to remove stigmas and increase help-seeking behavior patterns among patients who need mental

health support. Future research must conduct intervention studies that evaluate how well safety programs protect pregnant women from anxiety sensitivity and stress management needs.

## Conclusion

The research demonstrates that there is a positive relationship between Stressful Life Events and Partner Hostility & Rejection, and Anxiety Sensitivity successfully mediates this relationship. The research indicates that greater anxiety sensitivity leads pregnant women to see hostile elements in their partner's behaviors, thus heightening their relational tension. Anxiety sensitivity stands as a crucial risk factor for maternal mental health because its impact on stress and interpersonal relationships requires specific psychological treatment to reduce maternal distress during pregnancy. Healthcare providers, together with policymakers, should implement mental health screening programs and evidence-based psychological treatments along with supportive policies in order to minimize pregnancy-related stress and its detrimental interpersonal effects.

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