



**Research Paper: The effectiveness of Mindfulness Group Training on Psychological Well-being, Alexithymia, and Marital Burnout**



**Roghayeh Baghizade<sup>1</sup>, Masoume Maleki Pirbazari<sup>2</sup>, Milad SabzehAra Langaroudi<sup>2</sup>**

<sup>1</sup> M. A. In General Psychology, Department of Psychology, Rahman Institute of Higher Education, Ramsar, Iran

<sup>2</sup> Assistant Professor, Department of Psychology, Rahman Institute of Higher Education, Ramsar, Iran

**Citation:** Baghizade, R., Maleki Pirbazari, M., SabzehAra Langaroudi, A. (2023). The effectiveness of Mindfulness Group Training on Psychological Well-being, Alexithymia, and Marital Burnout. *Journal of Modern Psychology*, 3(3), 5-17. <https://doi.org/10.22034/jmp.2023.407408.1070>

<https://doi.org/10.22034/jmp.2023.407408.1070>

**Article info:**

**Received date:**

19 Apr 2023

**Accepted date:**

21 June 2023

**Keywords:**

Alexithymia, Marital burnout, Married women, Mindfulness group training, Psychological well-being

**Abstract**

The aim of the present study was to determine the effectiveness of mindfulness group training on psychological well-being, alexithymia, and marital burnout. The current research was a quasi-experimental with a pre-test-post-test design and a control group. The population of the present study included married women in the city of Roodsar in 2023. From this population, 30 people were selected by purposive sampling and were randomly divided into two experimental and control groups. The experimental group received eight two-hour sessions of mindfulness group training, and the control group did not receive any training. Psychological well-being scale (PWB), couple burnout measure (CBM), and Toronto alexithymia scale (TAS) were used to collect research data. Covariance analysis was also used to analyze the data. The research findings showed that mindfulness group training was effective in increasing psychological well-being and reducing marital burnout and alexithymia in married women ( $p < 0.01$ ). Therefore, it was concluded that the results of the present study could be useful for families to improve psychological well-being, marital exhaustion, and emotional alexithymia.

**\* Corresponding author:**

Roghayeh Baghizade

**Address:** Department of Psychology, Rahman Institute of Higher Education, Ramsar, Iran

**Tel:** +98 (911) 235 5498

**E-mail:** roghayehbaghizadeh@gmail.com



© 2023, The Author(s). Published by Rahman Institute of Higher Education. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>)

## 1. Introduction

Human are social beings; one of their basic needs is interaction and communication with others. Among the many and varied problems of the family, the problems of spouses and marital relations have serious outcomes (Nesset et al., 2021). Marriage is one of the most important phenomena in the social system, which is of great importance as it is the most fundamental institution for education and the health of the society. The need to strengthen family life, its stability and durability, the type of attitude and interaction of couples with each other, and the study of couples' relationships help to clarify the structural frameworks in which couples' relationships are formed (Pines & Nunes, 2003).

Among the constructs studied in positive psychology is psychological well-being, which has attracted the attention of many researchers as one of the main components of public health during the past two decades (Hafenbrack & Vohs, 2018). In the last decade, Ryff et al. (1995) presented the theory of psychological well-being. According to Ryff et al.'s model, psychological well-being consists of six factors: self-acceptance (having a positive attitude towards oneself), positive relationships with others, autonomy (feeling of independence and the ability to stand up against social pressures), purposeful life (having a sense of purpose in life and giving it), personal growth (a sense of continuous growth), and environmental mastery (a person's ability to manage the environment) (Seligman, 2011). Psychological well-being is a type of satisfaction with the quality of life, which includes a positive state of physical, psychological, and social well-being (Ryff et al., 1995).

Moreover, psychological well-being is one of the most important components of emotional stability in couples. Psychological well-being is an objective feeling of satisfaction and pleasure experienced by men and women with regard to all aspects of the marital relationship. Psychological well-being has several emotional and cognitive components. People with a high sense of well-being have positive emotions. However, people with a low sense of well-being evaluate the incidents and events in their lives as unfavorable and experience more negative emotions such as anxiety, depression, and anger (Ahmadi Shurke Tucanlou & Asghari Ebrahimabad, 2018).

Another variable that can be effective in couples' relationships is alexithymia. Alexithymia is a special disorder in emotional processing that mostly refers to a decrease in the ability to identify and recognize emotions. People suffering from alexithymia magnify normal physical arousal, misinterpret physical signs of emotional arousal, show emotional helplessness through physical complaints, and in therapeutic measures, seek to treat physical symptoms (Edward & Wupperman, 2017). Alexithymia refers to problems in the fields of experience, verbalization, and regulation of emotions. Difficulty in identifying emotions and differentiating between bodily sensory perceptions related to emotional arousal of emotions, difficulty in describing emotions, limited imaging process, and outward-oriented cognitive style are the most important features of alexithymia. The characteristics that reflect the cognitive and emotional defects in these people (Taylor, 2000). In the sense that people with this construct are unable to establish an interpersonal relationship due to the major problems they have in identifying, expressing, and regulating their emotions. Interpersonal

relationships are not effective and efficient, and this factor explains a part of the variance in marital problems, including marital burnout (Larson & Holman, 1994). In fact, people with alexithymia show patterns of interpersonal interactions that include distancing and withdrawal. In particular, alexithymia is associated with coldness and distance in interpersonal relationships and inhibition of social feeling in social interactions; this shows the effect of alexithymia on interpersonal and social problems (Kafetsios & Hess, 2019). Marital burnout is also an important variable for women in families that should be taken into consideration. Marital burnout is a painful state of physical, emotional, and mental exhaustion that affects those who expect romantic love and marriage to give meaning to their lives (Pines & Nunes, 2003). Burnout means a physical, emotional, and mental breakdown that comes from the disproportion between expectations and reality. Exhaustion occurs due to failure in love and is a response to existential issues, the accumulation of psychological pressures that weaken love, the gradual increase in fatigue and monotony along with small annoyances contribute to burnout. The onset of burnout is rarely sudden, usually gradual, and rarely results from an unfortunate event or even a few unpleasant shocks (Qasemi & Behroozi, 2015). The accumulation of frustrations and tensions in daily life causes erosion and finally leads to burnout. In a disillusioned marriage, while experiencing a feeling of separation from their spouse and a decrease in mutual interests and connections, one or both couples have significant concerns about the growing relationship and progress towards separation and divorce (Sharifi et al., 2011).

Mindfulness is effective in reducing marital conflicts. Mindfulness is described as a feeling which is free of individual evaluation and is

without judgement. Mindfulness meditation training and its applications are focused on daily life and it is useful for dealing with stress, illness, and pain. Mindfulness-based stress reduction is a behavioral intervention that is based on attention and self-focus. Exercises are done by focusing on thoughts, feelings, and perception. These skills are achieved through focusing on breathing in all life related activities. It helps people through changing people's perception of stressful events and increasing their ability to control life (Moeenizadeh et al., 2021).

Interventions based on mindfulness are considered one of the cognitive-behavioral treatments of the third generation, or the third wave. When emotional signals cannot be perceived and evaluated in the process of cognitive processing, the person is emotionally and cognitively disturbed, and he or she experiences helplessness. This disability disrupts the organization of emotions and cognitions in an individual and affects the relationship of the couples, after which, marital exhaustion occurs (Motahari et al., 2014). The most important part of mindfulness exercises is to have awareness, which means commitment on the presence of mind, so that a person can have a non-judgmental performance and be aware of the situation at any time without effort and in a non-reactive manner (Hafenbrack et al., 2020).

Many studies were done in relation to mindfulness, which show the beneficial effects of mindfulness in the treatment of all kinds of problems. Hofmann et al. (2011) reviewed thirty-nine studies and found that mindfulness-based therapy significantly improved anxiety. Goyal et al. (2014) investigated the usefulness of mindfulness meditation for stress reduction. Their review included 47 trials with more than 3,000 participants; they found that meditation

programs were effective on positive mood, attention, substance use, eating habits, sleeping, or weight, but there was no evidence that meditation programs were better than any active treatment. (Hofmann et al., 2011)

They found out about the violence of the spouse (Basharpoor & Jani, 2020). They realized the effectiveness of mindfulness-based stress reduction training on women's marital burnout (Naghbi et al., 2020). Kalhor et al. (2020) addressed the effectiveness of mindfulness-based cognitive therapy on dysfunctional attitudes and marital exhaustion in women with marital conflicts, and Ghamari et al. (2021) found the effectiveness of mindfulness training on students' anxiety and psychological well-being. Carpenter et al. (2019) showed the effects of mindfulness on distress and stress tolerance. They revealed that the effects of mindfulness training were greater on resilience compared to relaxation training. Mindfulness-based therapy improves emotion regulation problems in people who commit violence against their spouses.

The importance of paying attention to the psychological well-being, marital burnout, and alexithymia of married women and finding solutions to improve them is that it helps the decision-makers to pay attention to all the dimensions of these variables. That is to say, based on the dimensions of this problem, the authorities can play the role of providing suitable platforms and infrastructures for improving the situation. Having a healthy society depends on having healthy families, and this requires the satisfaction that spouses experience in their marriage relationship (Nesset et al., 2021). According to what has been said, this research seeks to answer the following question: does group mindfulness training have an effect on the psychological well-being, marital burnout, and alexithymia of married women in Rudsar, in 2023?

## 2. Method

### 2.1. Population, participants and data collection procedure

The research method was quasi-experimental employing a pre-test-post-test design and a control group. In order to draw a sample of people, questionnaires of psychological well-being, marital burnout, and emotional Alexithymia were administered to a number of women in the population, and among them, 40 people who met the cut-off point were selected by purposive sampling divided into two groups, experimental and control. The experimental group underwent eight two-hour sessions of mindfulness training in two months, and the control group did not receive any training. Finally, during the intervention period, five people from each group left the research, and the number of samples reached 30. The criteria for entering the research were informed consent and desire to participate in the research, activity, participation in the mindfulness course (including the experimental group), and being married. The criteria for exiting the research were unwillingness to continue, lack of regular participation and practice in the course (including the experimental group), and incomplete as well as distorted questionnaires. Research questionnaires were administered to 70 married women in the pre-test phase. While filling out the questionnaire, every type of question was answered by the researcher. Then 40 people who had higher marital burnout, alexithymia, and lower psychological well-being with the estimated cut-off points were selected and randomly divided into two groups of 20 people: an experimental and a control group, 20 people in each. They were assured that the results would remain confidential. The experimental group consisted of people who were invited to participate in the mindfulness



training workshop. During the course, five people from the experimental, and five from the control group left the experiment. The training was done on-line. The participants were trained for two months, i.e., eight weeks, and the questions of the people were answered in the telegram group during the course, and their feedback from the tasks in the group was checked. After eight sessions with the experimental group participating in the training course, the questionnaires were administered among the members of both groups again.

## 2.2. Instruments

**Psychological well-being Scale (PWB):** The psychological well-being scale (short form) was designed by Ryff and Keyes (1995) and revised in 2002. The short form of this questionnaire is derived from the original form with 120 questions. This version contains six factors, which are: independence, control over the environment, personal growth, the factor of positive communication with others, purposefulness in life, and self-acceptance. Each subscale contains seven questions. The questions are expressed on a Likert scale. A high score in this test indicates high psychological well-being, and a low score indicates low psychological well-being (Ryff & Keyes, 1995). They reported the correlation of this questionnaire with the 84-question scale as 0.70 to 0.89. In the research, internal consistency using Cronbach's alpha for the components of self-acceptance, mastery of the environment, positive relationships with others, having a goal in personal life, personal growth, and independence were equal to 0.81, 0.81, and 0.82 respectively. They got 0.67, 0.75, and 0.79 (Ryff & Keyes, 1995).

**The Couple Burnout Measure (CBM):** The questionnaire was designed and compiled by

Pines (1996) in order to measure marital burnout (Pines & Nunes, 2003). This questionnaire has 21 questions and includes 3 main components of physical fatigue, emotional fatigue, and mental fatigue, and based on a seven-point Likert scale, it measures marital exhaustion with questions such as (having nothing and nothing to forgive). All of which are answered on a 7-point Likert scale (1=never to 7=always). This spectrum shows the degree of marital exhaustion of the person. The subscale of physical exhaustion has 6 questions, the subscale of mental exhaustion has 7 questions and the emotional exhaustion subscale has 8 questions. The reliability coefficient of this test using the test-retest method was 0.89 for a period of one month, 0.76 for a period of two months and 0.66 for a period of four months. Internal consistency was measured for most of the participants with constant alpha coefficient, which was between 0.91 and 0.93 (Pines, 1996). In Sadati et al. (2015) research they calculated the correlation of this test with the ENRICH Marital Satisfaction Scale, the correlation coefficient between these two questionnaires was -0.40, which was significant at the  $p < 0.001$  level.

**Toronto Alexithymia Scale (TAS-20):** The initial form of the Toronto Alexithymia Scale was 26 questions that was created in 1985 by Taylor et al. (1985). In 1994, the Toronto Alexithymia Scale was revised by Bagby et al. (1994) and turned into a 20-question form. Bagby et al. (1994) found that in their validation study, the 20-question form of the Toronto Alexithymia Scale (TAS-20) had three structural factors that were consistent with the construct of alexithymia. The three subscales are Difficulty Identifying Feelings (including 7 items), difficulty in describing emotions (including 5 items), and Externally Oriented Thinking (including 8 items) on a 5-point Likert scale. 1 (strongly disagree) to 5 (strongly agree). A full

score is also calculated from the total of the three subscale scores for general alexithymia. Alexithymia refers to the score that the subject receives from the response to this scale. and varies from 20 to 100. A higher score means more alexithymia. In the Persian version of TAS- 20, Cronbach's alpha coefficient for total Alexithymia and three subscales of difficulty in recognizing emotions, difficulty in describing emotions, and objective thinking are 0.85, 0.82, 0.75, and 0.72 respectively (Besharat, 2007). This indicates that the internal consistency of the scale is good. The reliability of the TAS-20 was confirmed in a sample of 67 people on two occasions with a time interval of 4 weeks, from  $r = 0.80$  to  $r = 0.87$  for total alexithymia and different subscales (Besharat, 2013).

### 3. Results

Examining the demographic characteristics of the participants demonstrated that the minimum age was 24 and the maximum was 56, the minimum duration of marriage was 1

year and the maximum was 31 years, the minimum number of children was 0 and the maximum was 3; 66.67% of the participants had a master's degree, and the majority were housewives. Regarding the spouse's education, 46.7% had a bachelor's degree, and regarding the spouse's occupation, 3% were self-employed. To check the normality of the distribution of the main research variables, the Kolmogorov-Smirnov test was used, and the p-value of the Kolmogorov-Smirnov test in the scores of all variables was greater than 0.05, so it was concluded that the distribution of all variables was normal. Levine's test was used to check the assumption of homogeneity of variances. Considering that in all research variables, the significant number was greater than 0.05, it can be concluded that the variance of the research variables in the groups was equal and homogeneous.

In Table 2, the mean and standard deviation of the research variables are shown separately for the experimental and control groups in the pre-test and post-test.

Table 1

*Structure of mindfulness training sessions (Kabat-zinn, 2015)*

sessions	Discerption of sessions
	The meeting before starting the treatment:
1	In this meeting we were introduced and established a relationship with the patients. It begins with the group getting to know each other and emphasizing confidentiality and privacy. After introducing the treatment and familiarizing them with the process and structure of the intervention, the need to do the homework was also emphasized, and their questions and doubts regarding the treatment were answered, and the people became mentally ready to start the course.
	The first session:
2	<ul style="list-style-type: none"> <li>• Reading and reflecting on <i>Meditation and Practicing Consciousness</i></li> <li>• Practicing the presence of mind in relation to breathing during the day</li> <li>• Having bites accompanied by the presence of mind</li> <li>• Official practice of the presence of mind and physical examination, 6 days a week, 45 minutes each time</li> </ul>
	The second session:
3	<ul style="list-style-type: none"> <li>• Practicing formal mental presence every day for 45 minutes</li> </ul>

- Practicing mindfulness meditation (yoga).
- Practicing the presence of mind in breathing during the day
- Increasing the level of awareness during daily activities such as eating, bathing, brushing teeth, washing dishes, and reading

The third session:

- 4
- Practicing the formal presence of mind which requires 45 minutes of physical examination every day.
  - Practicing mediating while sitting
  - Continuation of daily activities with intentional awareness, such as eating, bathing, brushing teeth, washing dishes, and reading

The fourth session:

- 5
- 45 minutes of yoga every day
  - Feedback
  - STOP technique
  - Continuation of daily activities with intentional awareness such as eating, bathing, brushing teeth, washing dishes, reading

The fifth session:

- 6
- Practicing the formal presence of mind every day for 45 minutes, alternating between sitting meditation, physical examination, and Yoga.
  - The article on the effects of meditation on the grey cortex of the brain
  - Kindness prayer
  - Continuation of daily activities with intentional awareness, such as eating, bathing, brushing teeth, washing dishes, reading, and especially during interactions with others, which can reveal a lot about ourselves,

The sixth session:

- 7
- Acceptance, facing unpleasant thoughts, emphasizing the transience of experiences, feelings, and thoughts and their unreality, body scan

The seventh session:

- 8
- A review of learned techniques, selective exercise, and posing the question: How can I take care of myself in the best way?

The eighth session:

- 9
- Summing up, reviewing learned techniques, giving feedback, and emphasizing the use of what has been learned

After the end of the intervention, the collected data was analyzed. In order to analyze the research data, statistical methods were employed at two levels: descriptive and inferential. In this research, descriptive

statistics (mean, standard deviation, skewness, and kurtosis) and inferential statistics (correlation test and statistical test of covariance analysis), and SPSS 23 were used to analyze the data.

Table 2

Mean and standard deviation of the research variables according to the experimental and control groups in the pre-test and post-test phases

Research articles	Group	Test	mean	The standard deviation
Psychological well-being	the experimental group	pre-exam	325.67	17.88
	the experimental group	post-exam	341.53	15.90
	Control Group	pre-exam	333.37	21.73
	Control Group	post-exam	333.02	21.04
Marital Burnout	the experimental group	pre-exam	85.54	17.55
	the experimental group	post-exam	77.07	15.51
	Control group	pre-exam	69.18	18.19
	Control group	post-exam	69.08	18.46
Alexithymia	the experimental group	pre-exam	57.77	13.33
	the experimental group	post-exam	50.80	12.07
	Control group	pre-exam	65.19	15.23
	Control group	post-exam	65.15	15.29

As can be seen in Table 2, psychological well-being increased after the intervention in

the experimental group, and marital burnout and alexithymia decreased.

Table 3

Results of covariance analysis in two control and experimental groups of psychological well-being

Source of changes	F	Sig	$\eta^2$
Groups – tests	40.74	0.000	0.60

According to Table 3, there was a significant difference between the two experimental and control groups in the pre-test and post-test means ( $p=0.000$ ). Therefore, it

can be concluded that group training in mindfulness was effective for psychological well-being.

Table 4

Results of covariance analysis in two control and experimental groups of the marital burnout test

Source of changes	F	Sig	$\eta^2$
Groups – tests	14.10	0.001	0.34

Between the two groups (experimental and control), there was a significant difference between the pre-test and post-test means

( $p=0.001$ ) (Table 4). Consequently, it can be inferred that mindfulness group training was effective in reducing marital burnout

Table 5

Results of covariance analysis in the two control and experimental groups of the alexithymia



Source of changes	F	Sig	
Groups – tests	57.54	0.00	0.34

According to the results of [Table 5](#), there was a significant difference in the pre-test and post-test means between the two groups ( $p=0.000$ ). Hence it can be concluded that mindfulness group training was effective for alexithymia.

#### 4. Discussion

The results of the covariance analysis showed that mindfulness group training was effective for the psychological well-being of married women in the city of Rudsar. The results of Ghamari and Hosseini's (2017) study indicated the effectiveness of mindfulness training on the anxiety and psychological well-being of students and showed that mindfulness training reduces anxiety and increases psychological well-being. Karbalai et al. (2021) presented that emotion regulation, cognitive flexibility, and mindfulness were related to psychological well-being. In explaining this result, it can be said that mindfulness gives people the opportunity to perceive thoughts and events as they avoid passing judgement on these thoughts and events critically. Therefore, mindfulness helps to free people from the pressure of automatic thoughts and unhealthy behaviors and increases self-regulation. In explaining the relationship between mindfulness and psychological well-being, the theory of self-determination refers to the role of attention, which forms the core of the concept of mindfulness, in emotional self-regulation. By promoting attention to one's thoughts and feelings, mindfulness increases emotional self-regulation and will lead to social well-being. Considering that mindfulness involves a state of detachment

from thoughts, it is possible that people who naturally have higher mindfulness are less affected by thoughts and emotions that are characteristic of low well-being. Some studies highlighted that mindfulness had a direct effect on positive psychological well-being and physical outcomes (Karbalai et al., 2021).

The results of the covariance test illustrated that mindfulness group training was effective in reducing marital burnout among married women in the city of Rudsar. The results of this research are consistent with some other findings (Rabiei et al., 2020), which showed that mindfulness-based stress reduction training can significantly reduce marital burnout and its components (physical fatigue, mental fatigue, and emotional fatigue). This study revealed that the stress reduction program based on mindfulness is a suitable intervention method to reduce the level of marital exhaustion in women. In explaining these findings, it can be said that couples with low marital burnout actually have more perceptual harmony compared to unsatisfied couples, and one of these perceptual harmony factors is mindfulness. Mindfulness means the degree to which a couple enthusiastically re-evaluates his or her perception of his or her spouse in a specific situation, which can increase flexibility in various situations, and the ability to be aware of inner senses can help neutralize and reduce emotions. It is very effective during the fight with the wife or husband since the person can identify the feeling of arousal faster.

Furthermore, the results of the covariance test showed that mindfulness group training was effective in treating alexithymia in

married women in the city of Rudsar. It can be said that mindfulness group training can play an important role in reducing alexithymia, and mindfulness group training can be used in family interventions to reduce alexithymia. In the process of practicing mindfulness and keeping the states of mindfulness in a way that the person pays constant attention to neutral stimuli such as breathing, depressive patterns that increase the use of ineffective coping behaviors are stopped in this regard, at the present moment. Additionally, mindfulness exercises may identify the initial signs of stress, subsequently specify and clarify the initial evaluations of the stressors of rumination and psychological arousal, and give people the opportunity to cope with these internal events with better methods. In explaining the results, it can be added that the purpose of mindfulness is to increase awareness from moment to moment. By increasing cognitive coping processes such as positive reappraisal and strengthening emotion regulation skills such as distress tolerance, mindfulness may protect a person against dysfunctional mood, which is one of the factors affecting the quality of life. Since one of the goals of therapies based on mindfulness is the acceptance of emotions without judgment, this type of acceptance facilitates a healthy encounter with emotions and the person finds the possibility to face his emotions without getting entangled in them, without avoiding them, and without judgment. With non-judgmental acceptance, instead of getting caught in the habitual patterns of dealing with emotions, which is actually the same as entanglement or avoidance, a person can gain access to appropriate emotion regulation strategies, and the uncompromising methods of emotion regulation are reduced in a person. Increasing mindfulness reduces avoidance or over-engagement with uncomfortable thoughts and emotions and

therefore keeps emotions in balance. If conscious attention is directed to emotional regulation, the improvements in emotional regulation may be due to an overall increase in positive emotional experiences and a decrease in negative emotional experiences. On the other hand, mindfulness increases people's ability to regulate emotions by reducing negative emotions. Acceptance leads to turning the person's attention to the less uncomfortable aspects of stimuli that provoke negative emotions and therefore reducing negative emotions (Kabat-zinn, 2015). Berking and Wupperman (2012) found that emotions can be regulated by avoidance or over-involvement. Avoidance of current experiences can include selective information bias, cognitive distortions, emotional instability, attention deviation, or non-engagement. Excessive involvement also includes rumination and chronic worry. As the mindfulness approach is based on the premise that behavior, feelings, thoughts, and emotions have a mutual effect on each other, controlling one of these cases with the help of meditation exercises and also increasing awareness about the fact that thoughts are only thoughts and not reality, it becomes possible to keep feelings and emotions under control.

The limitations of the research can be attributed to the non-cooperation of a number of participants in answering all the questions of the questionnaire, the impossibility of generalizing the results of the research to other societies, the focus of the research on women, the selected methods, and the intensity and duration of this program.

## 5. Conclusion

According to the results, it was suggested that psychological intervention based on mindfulness should be taught in a comprehensive treatment package and that this

training should be done in the media and collectively. It is essential that the education planners, especially in the field of family and the authorities responsible for the public health of society, have basic information in the field of mindfulness group training and regularly update their information. It is also suggested that counselors and couple therapists use the therapeutic components of mindfulness approaches to reduce couples' marital problems.

### Acknowledgment

The researchers appreciate all the people who contributed to this research.

### Conflict of interest

The Authors declare that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

### References

- Ahmadi Shurke Tucanlou, A., Asghari Ebrahimabad, M. J. (2018). The Role of Hope in Predicting Psychological Well-Being of Soldiers with Self-Control Mediation, *MCS*, 5 (3), 201-210. <http://dx.doi.org/10.29252/mcs.5.3.201>
- Bagby, R. M., Parker, J. D., & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale— I. Item selection and cross-validation of the factor structure. *Journal of psychosomatic research*, 38(1), 23-32. [https://doi.org/10.1016/0022-3999\(94\)90005-1](https://doi.org/10.1016/0022-3999(94)90005-1)
- Basharpoor, S., & Jani, S. (2020). The role of mindfulness and alexithymia in reducing depression and anxiety in women victims of spouse violence. *Shenakht Journal of Psychology and Psychiatry*, 6(6), 55-65. <http://dx.doi.org/10.29252/shenakht.6.6.55>
- Berking, M., Wupperman P. (2012). Emotion regulation and mental health: recent findings, current challenges, and future directions. *Current opinion in psychiatry*, 25(2), 128-134. <https://doi.org/10.1097/yco.0b013e3283503669>
- Besharat, M. A. (2007). Reliability and Factorial Validity of a Farsi Version of the 20-Item Toronto Alexithymia Scale with a Sample of Iranian Students. *Psychological Reports*, 101(1), 209-220. <https://doi.org/10.2466/pr0.101.1.209-220>
- Besharat, M. A. (2013). Toronto Alexithymia Scale: Questionnaire, Instruction and Scoring (Persian Version). *Journal of Developmental Psychology*, 10(37), 90-92. [https://jip.stb.iau.ir/article\\_512923.html?lang=en](https://jip.stb.iau.ir/article_512923.html?lang=en)
- Carpenter, J. K., Sanford, J., & Hofmann, S. G. (2019). The effect of a brief mindfulness training on distress tolerance and stress reactivity. *Behavior therapy*, 50(3), 630-645. <https://doi.org/10.1016%2Fj.beth.2018.10.003>
- Edwards, E. R., & Wupperman, P. (2017). Emotion regulation mediates effects of alexithymia and emotion differentiation on impulsive aggressive behavior. *Deviant behavior*, 38(10), 1160-1171. <https://doi.org/10.1016/j.beth.2018.10.003>
- Ghamari, M., & Hosseini, G. (2017). The Effectiveness of Mindfulness-Based Stress Reduction Training Program On Female Students, Test Anxiety. *Woman Cultural Psychology (The Former Woman and Culture)*, 9(31), 33-43. [https://jwc.ahvaz.iau.ir/article\\_532096.html?lang=en](https://jwc.ahvaz.iau.ir/article_532096.html?lang=en)
- Ghamari, M., Ghasemzadeh, A., Hosseinian. S. (2021). The effectiveness of mindfulness training on anxiety and psychological well-being of students. *Education Strategies in Medical Sciences*, 14(1), 77-87. <https://edcbmj.ir/article-1-2134-en.html>
- Ghasemi, S., Etemadi, O., & Ahmadi, S. A. (2015). The relationship between negative interactions of couple and family in law with intimacy and marital conflict in women. *Family Pathology, Counseling and Enrichment Journal*, 1(1), 1-13. <https://fpcej.ir/article-1-102-en.pdf>
- Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland-Seymour, A., Sharma, R., ... & Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-

- being: a systematic review and meta-analysis. *JAMA internal medicine*, 174(3), 357-368. <https://doi.org/10.1001/jamainternmed.2013.13018>
- Hafenbrack, A. C., & Vohs, K. D. (2018). Mindfulness meditation impairs task motivation but not performance. *Organizational Behavior and Human Decision Processes*, 147, 1-15. <https://psycnet.apa.org/doi/10.1016/j.obhdp.2018.05.001>
- Hafenbrack, A. C., Cameron, L. D., Spreitzer, G. M., Zhang, C., Noval, L. J., & Shaffakat, S. (2020). Helping people by being in the present: Mindfulness increases prosocial behavior. *Organizational Behavior and Human Decision Processes*, 159, 21-38. <https://doi.org/10.1016/j.obhdp.2019.08.005>
- Harbi, E., Oraki, M., Alipour, A., & Ghaemi, F. (2021). The effectiveness of mindfulness-based stress reduction program on self-care and diabetes-related quality of life in female patients with type 2 diabetes. *Journal of Psychological Science*, 19(95), 1453-1464. <http://dorl.net/dor/20.1001.1.17357462.1399.19.95.7.3>
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of consulting and clinical psychology*, 78(2), 169-183. <https://doi.org/10.1037/a0018555>
- Kabat-Zinn, J. (2015). Mindfulness. *Mindfulness*, 6(6), 1481-1483. <https://psycnet.apa.org/doi/10.1007/s12671-015-0456-x>
- Kafetsios, K., & Hess, U. (2019). Seeing mixed emotions: Alexithymia, emotion perception bias, and quality in dyadic interactions. *Personality and Individual Differences*, 137, 80-85. <https://psycnet.apa.org/doi/10.1016/j.paid.2018.08.014>
- Kalhor, A., Davodi, H., Tagvael, D., Heidari, H. (2020). The effectiveness of cognitive therapy based on mindfulness on dysfunctional attitudes and marital exhaustion of women with marital conflicts. *Clinical Psychology*, 12(2), 19-30. <https://doi.org/10.22075/jcp.2020.20619.1929>
- Karbalai, M., Yazdanbakhsh, K., & Karimi, P. (2021). Predicting Psychological Well-Being Based on Emotion Regulation, Cognitive Flexibility and Mindfulness in Cancer Patients. *Health Psychology*, 10(37), 141-160. <https://doi.org/10.30473/hpj.2021.50258.4653>
- Larson, J. H., & Holman, T. B. (1994). Premarital predictors of marital quality and stability. *Family Relations*, 43(2), 228-237. <https://psycnet.apa.org/record/2001-05400-015>
- Moeenizadeh, M., Nezampour, R., & Hashemi Golestan, N. S. (2021). The effect of stress-based mindfulness training on marital conflict and quality of life of veteran spouses in Mashhad. *Military Caring Sciences Journal*, 8(1), 1-12. <https://mcs.ajaums.ac.ir/article-1-417-en.pdf>
- Motahhari, Z. S., Ahmadi, K., Behzadpoor, S., & Azmoodeh, F. (2014). Effectiveness of Mindfulness in Marital Burnout Among Mothers of ADHD Children. *Family Counseling and Psychotherapy*, 3(4), 591-613. <https://dorl.net/dor/20.1001.1.22516654.1392.3.4.4.2>
- Naghbi, F., Ahadi, H., Tajeri, B., Seirafi, M. R. (2020). Effectiveness of Mindfulness-Based Stress Reduction training on psychological symptoms, pain in patients with thalassemia major. *Advances in Cognitive Sciences*, 22 (2), 45-53 <http://dx.doi.org/10.30699/icss.22.2.45>
- Nesset, M. B., Bjørngaard, J. H., Whittington, R., & Palmstierna, T. (2021). Does cognitive behavioural therapy or mindfulness-based therapy improve mental health and emotion regulation among men who perpetrate intimate partner violence? A randomised controlled trial. *International journal of nursing studies*, 113, 103795. <https://doi.org/10.1016/j.ijnurstu.2020.103795>
- Pines, A. M., & Nunes, R. (2003). The relationship between career and couple burnout: Implications for career and couple counseling. *Journal of Employment Counseling*, 40(2), 50-64. <http://dx.doi.org/10.1002/j.2161-1920.2003.tb00856.x>
- Qasemi, L., & Behroozi, M. (2015). Survey of Personality Traits (Based on Big Five) In Professional Ethics's Growth In Medical Sciences University of Bushehr. Iran's Aspect. *Procedia-Social and Behavioral Sciences*, 190, 334-338. <https://doi.org/10.1016/j.sbspro.2015.05.007>
- Rabiee, F., Zahrakar, K., Farzad, V. (2020). Effectiveness of mindfulness-based stress reduction on reducing couple burnout in women. *Journal of Gorgan University Medical Sciences*, 22 (3), 83-90. <http://goums.ac.ir/journal/article-1-3553-en.html>



- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of personality and social psychology*, 69(4), 719. <https://psycnet.apa.org/doi/10.1037/0022-3514.69.4.719>
- Sadati, S. E., Mehrabizadeh Honarmand, M., & Soodani, M. (2015). The causal relationship of differentiation, neuroticism, and forgiveness with marital disaffection through mediation of marital conflict. *Journal of Family Psychology*, 1(2), 55-68. [https://www.ijfpjournal.ir/article\\_245498.html](https://www.ijfpjournal.ir/article_245498.html)
- Seligman, M. E. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Simon and Schuster.
- Serafini, G., Gonda, X., Pompili, M., Rihmer, Z., Amore, M., & Engel-Yeger, B. (2016). The relationship between sensory processing patterns, alexithymia, traumatic childhood experiences, and quality of life among patients with unipolar and bipolar disorders. *Child abuse & neglect*, 62, 39-50. <https://doi.org/10.1016/j.chiabu.2016.09.013>
- Sharifi, M., Khrasoli, S., & Boshlideh, K. (2011). Effectiveness of attribution retraining in reducing marital burnout and the likelihood of divorce in married couples seeking divorce. *Family Counseling and Psychotherapy*, 1(2), 212-25. <https://dorl.net/dor/20.1001.1.22516654.1390.1.2.5.5>
- Taylor, G. J. (2000). Recent developments in alexithymia theory and research. *The Canadian Journal of Psychiatry*, 45(2), 134-142. <https://doi.org/10.1177/070674370004500203>
- Taylor, G. J., Ryan, D., & Bagby, M. (1985). Toward the development of a new self-report alexithymia scale. *Psychotherapy and psychosomatics*, 44(4), 191-199. <https://doi.org/10.1159/000287912>