

A Comparison of the Effectiveness of Self-Compassion-Focused Therapy and Mentalization-Based Therapy on Attachment Styles among Married Women Experiencing Marital Boredom

Akram Ashrafi¹, PhD Candidate;  Zohreh Latifi^{2*}, PhD;  Sayed Abbas Haghayegh¹, PhD; Parinaz Sadat Sajadian¹, PhD

¹Department of Psychology, Na.C., Islamic Azad University, Najafabad, Iran

²Department of Psychology, Payame Noor University, Tehran, Iran

*Corresponding author: Zohreh Latifi, PhD; Department of Psychology, Payame Noor University, Postal code: 19395-4697, Tehran, Iran. Tel: +98-9131139781; Fax: +98-21-23320000; Email: z_yalatif@pnu.ac.ir

Received: February 16, 2025; Revised: March 10, 2025; Accepted: April 14, 2025

Abstract

Background: The stability of marital relationships is fundamental to the family system. Also, attachment styles are key variables in preventing emotional stagnation within the family. This study aimed to assess and compare the efficacy of Compassion-Focused Therapy (CFT) and Mentalization-Based Therapy (MBT) in modifying attachment styles among married women experiencing marital boredom.

Methods: This quasi-experimental study incorporated pre-test, post-test, and two-month follow-up stages with a control group. A total of 60 women meeting the inclusion criteria were selected through convenience sampling method and were then randomly assigned to either the CFT group, the MBT group, or a control group. The participants in the intervention groups engaged in weekly sessions—eight for CFT and twelve for MBT—each lasting 90 minutes. Data were collected using the Marital Boredom Questionnaire and the Short Form of Hazen and Shaver's Attachment Style Questionnaire. Data were analyzed using repeated measures ANOVA and Bonferroni post hoc tests in SPSS version 24.

Results: Both CFT and MBT significantly improved secure attachment scores while reducing insecure-avoidant and anxious-ambivalent styles ($P=0.01$). The MBT group demonstrated the greatest improvement in secure attachment scores ($M=27.55$, $SD=2.43$), while the CFT group also showed a notable increase ($M=26.60$, $SD=2.13$), though slightly lower than that of the MBT group. No statistically significant differences were found between the two therapies ($P>0.05$); however, both therapies showed superiority over the control group.

Conclusion: The study findings indicated that both CFT and MBT are effective approaches to enhancing attachment security and reducing relational dysfunction among women facing marital boredom. These interventions may serve as valuable tools in family-focused educational and therapeutic programs.

Keywords: Self-Compassion, Mentalization-based Therapy, Attachment, Marital Conflict, Women

How to Cite: Ashrafi A, Latifi Z, Haghayegh SA, Sajadian PS. A Comparison of the Effectiveness of Self-Compassion-Focused Therapy and Mentalization-Based Therapy on Attachment Styles among Married Women Experiencing Marital Boredom. Women. Health. Bull. 2025;12(3):282-293. doi: 10.30476/whb.2025.105940.1340.

1. Introduction

Relationships between family members play an essential role in life, because couples are always communicating with each other (1, 2). On the other hand, family and couple relationships are the most intensive situation for interpersonal conflicts (3). Conflict is regarded to be ordinary in intimate relationships, and the family is no exception because the frequent and different interactions of couples provide many grounds for conflict (4).

Spousal relationships are inherently fluid and shaped by a complex interplay of emotional and psychological components. One of the important components that emerges in these relationships

and can pose risks and conflicts in married life is marital boredom (5). When couples engage in marriage, they often hold idealistic expectations; however, discrepancies between these expectations and real-life marital circumstances can lead to gradual disillusionment and emotional fatigue within the relationship (6), they gradually experience disappointment and boredom with their relationship, and often critical situations for them (7). Given their pivotal role in familial and societal mental health, women are particularly susceptible to the psychological burdens arising from strained marital dynamics (8). When a conflict arises in a family, intense emotions occur. These emotions often change the sense of security and quality of interpersonal relationships and the

meaning of life, during which a person reviews his life, remembers his insecure past experiences, brings and thinks about them (9). Marital boredom can be characterized as a diminishing of affection and intimacy, typically resulting from the accumulation of chronic stressors and persistent emotional and physical strain (10).

Many factors play a role in the occurrence of marital boredom, one of these factors can be known as attachment styles (11). Early attachment experiences significantly influence emotional and social development, and these attachment patterns are often carried over into adult romantic relationships, affecting cognitive, emotional, and behavioral processes (12). Insecure attachment styles can impair the capacity to form healthy intimate bonds, which in turn may hinder both relational satisfaction and the emotional development of the next generation (13).

A review of domestic studies, such as that conducted by Fatolaahzadeh and colleagues (14), indicated that early emotional experiences have a direct effect on couples' relationships in adulthood. Considering the high levels of psychological stress resulting from marital boredom in married women, as well as the influence of attachment styles on marital dynamics, there is a growing need for innovative psychological strategies and therapeutic interventions to enhance women's resilience and adaptability in the context of marriage (15). In this regard, some studies demonstrated that compassion-focused and attachment-based therapies can significantly increase psychological well-being, promote emotional regulation, and reduce distress (14-16).

Given the psychological distress associated with marital boredom, interventions focusing on emotional regulation and self-acceptance have gained increasing attention. One such approach is self-compassion, which teaches a person not to avoid or suppress their painful feelings but to accept them. Among various psychological interventions, self-compassion has emerged as a promising approach in enhancing emotional well-being. It teaches individuals not to avoid or suppress their painful feelings but to accept them (17). Self-compassion means that when a person is hurt, they feel defeated or inadequate while the suffering they endure has been ignored (2). So far, the effectiveness of the methods

based on Compassion-Focused Therapy (CFT) has been found to be effective in improving several psychological variables such as fatigue and resilience (18), reducing perceived stress (19), increasing the psychological well-being of divorced women (20). Among other interventions that may have an effect on marital boredom is the Mentalization-Based Therapy (MBT). It was originally developed in the 1990s by Fonagy and Campbell (21). This approach emerged as a refinement of psychodynamic therapy, emphasizing the capacity for mentalization—understanding one's own and others' mental states—initially in the treatment of borderline personality disorder and later extended to other conditions such as antisocial personality disorder and various psychiatric disorders (22). The fundamental features of Mentalization-Based Therapy (MBT) can be outlined as: 1. The therapist prioritizes the patient's present mental states, aiming to facilitate the development of internal representations rather than uncover unconscious material; 2. The primary objective is not the attainment of insight, as in classical psychodynamic therapy, but rather the enhancement of mentalization capacity and the integration of coherent self-representations; 3. This therapeutic framework creates a transitional relational space in which the patient can safely explore and reflect on thoughts and emotions; 4. Interpersonal exchanges occurring during sessions are not interpreted through symbolic or unconscious meanings, but instead are understood within the immediate emotional and situational context (23). Initial evaluations have shown that MBT can be helpful for a wide range of problems people have, including internalizing disorders (such as depression and anxiety) and externalizing disorders (24).

Given the increasing scholarly interest in addressing marital boredom, examining the impact of Compassion-Focused Therapy (CFT) and Mentalization-Based Therapy (MBT) on attachment styles among affected married women may yield valuable insights for family therapists and specialists in marital conflict. Such findings can contribute to promoting psychological stability and enhancing interpersonal communication within strained family systems. Accordingly, the present study sought to evaluate and compare the effectiveness of CFT and MBT in modifying attachment styles in women experiencing marital boredom.

2. Methods

2.1. Design

This study was structured using a quasi-experimental approach encompassing three phases of assessment (pre-intervention, post-intervention, and follow-up over two months), with a separate group serving as the control.

2.2. Selection and Description of Participants

The statistical population of this study included all married women involved in marital boredom who referred to counseling centers in the west of Tehran, Iran in 2024. The flow of participants through each stage of the study is illustrated in Figure 1.

2.3. Sample Size Determination

A total of 60 women were selected using convenience sampling, with the sample size estimated via G*Power software ($\alpha=0.05$, power=0.90) based on anticipated mean differences in attachment style scores reported in a previous study (25).

2.4. Data Collection and Measurements

Participants were selected according to predefined inclusion and exclusion criteria. The sample was drawn from married women identified

with marital boredom, with inclusion determined by scores exceeding 51 on the standardized marital boredom scale.

The inclusion criteria were: being female, 30 to 50 years of age, minimum education level of a high school diploma, at least three years of married life, willingness to participate in the research project, a higher-than-average score on the marital boredom questionnaire, ability to attend sessions and complete assignments, no simultaneous participation in other psychological interventions. The exclusion criteria were: unwillingness to continue participation and absence from more than two sessions.

Data was gathered using two questionnaires, namely, the Pines Marital Boredom Questionnaire (MBQ) and Hazen and Shiver's attachment style questionnaire-short form (ASQ-SF).

2.4.1. The Pines Marital Boredom Questionnaire (MBQ)

Developed by Pines in 1996, the Marital Boredom Inventory comprises 21 items, assessing physical, emotional, and cognitive fatigue as its three core dimensions (26). The response spectrum is based on the Likert scale, where level 1 represents the lack of experience of the phrase and level 7 represents the great experience of the phrase. It should be noted that larger numbers represent a higher level of boredom and vice versa. The maximum score in the whole scale is 147 and the minimum score is 21.

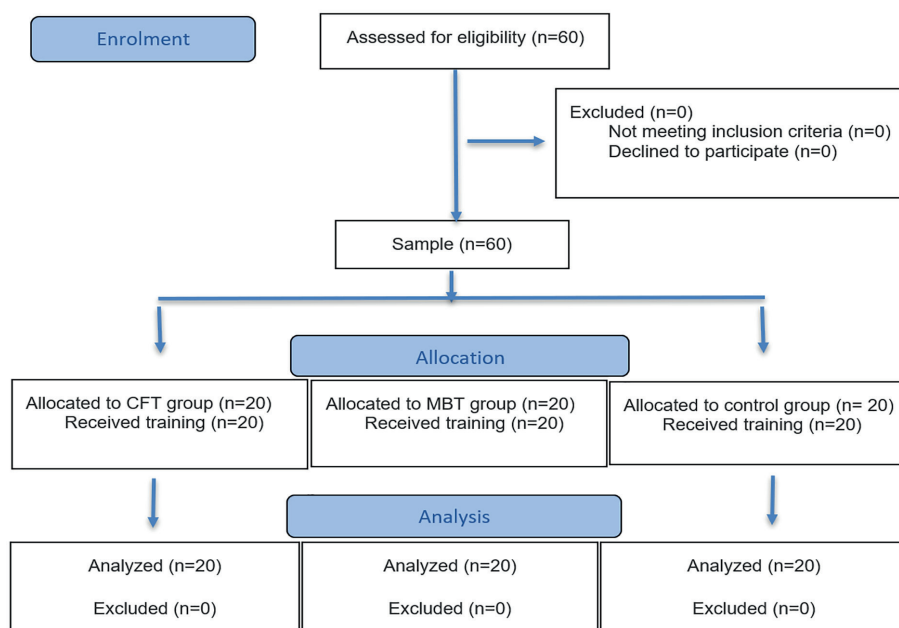


Figure 1: The figure shows the CONSORT flow diagram of the research.

Also, the maximum and minimum score in each of the components of the scale is 49 and 7, respectively. A higher score represents more marital boredom. The test-retest reliability coefficient was 0.89 for one month, 0.76 for two months, and 0.66 for four months. The internal consistency, as indicated by Cronbach's alpha, ranged from 0.91 to 0.93 (26). In Iran, the internal consistency method of Ali Cheshmeh Alaei and co-workers (27), was used to investigate the validity and the Cronbach's alpha coefficient was applied to investigate the reliability. The correlation of each of the subscales with the total scale score was investigated to calculate the internal consistency. The physical, emotional, and psychological correlation with the total scale score was 0.85, 0.96, and 0.96, respectively. This indicates the favorable internal consistency of the scale. The Cronbach's alpha coefficient was 0.78 for physical dimension, 0.88 for emotional dimension, 0.88 for psychological dimension, and 0.94 for the total scale score. The Persian adaptation of the questionnaire exhibited robust psychometric qualities, evidenced by a Content Validity Index (CVI) of 0.84 and a Content Validity Ratio (CVR) of 0.90 (11). In the present study, internal consistency was assessed using Cronbach's alpha, yielding a reliability coefficient of 0.86.

2.4.2. Hazen and Shiver's attachment style questionnaire-short form (ASQ-SF)

The Attachment Style Questionnaire-Short Form (ASQ-SF), developed by Hazan and Shaver in 1987, is a standardized tool used to assess attachment styles (28). It consists of 21 items categorized into three dimensions of attachment styles: secure, insecure-avoidant, anxious ambivalent. The number of items and the scoring range for each dimension are as follows: Attachment Style Secure includes 8 items (1-3-5-7-11-12-14-19), measuring positive emotional connection and trust in relationships; scores range from 8 to 40; Avoidant Insecure Attachment Style includes 6 items (4-8-13-15-18-20), assessing anxiety and fear of intimacy or rejection; scores range from 6 to 30; Anxious Ambivalent Insecure Attachment Style includes 7 items (2-6-9-10-16-17-21), reflecting a preoccupation with relationships and a desire for closeness; scores range from 7 to 35. Participants responded to each item on a 5-point Likert scale, ranging from 1 (never) to 5 (very much). For scoring, two items are reverse-coded to align with the other items. In the present study, the Cronbach's alpha

coefficients for the attachment style dimensions were as follows: secure ($\alpha=0.74$), insecure-avoidant ($\alpha=0.72$) and anxious ambivalent ($\alpha=0.72$). These values indicate acceptable internal consistency for each dimension (28). Furthermore, the Persian version of the questionnaire demonstrated a Content Validity Index (CVI) of 0.91 and a Content Validity Ratio (CVR) of 0.89, suggesting strong validity (29). The Cronbach's alpha for the entire questionnaire in this study was 0.78.

2.5. Procedure

The participants were assigned to groups following a randomized process based on a pre-generated table of non-sequential numbers. They were first listed numerically, and a number was assigned to each participant. The researcher used a pre-generated sequence of random numbers to allocate individuals to groups. Of the 60 participants, the first 40 were randomly distributed into two intervention groups—CFT and MBT—each comprising 20 individuals, while the remaining 20 were assigned to a control group. To uphold the integrity of the randomization process, group allocation was conducted by an independent researcher unaffiliated with the intervention or data collection. This method effectively reduced selection bias and promoted balanced group distribution.

Using the convenience sampling method and based on the inclusion and exclusion criteria, 60 married women were randomly assigned to two experimental groups, with a control group of 20 participants. Then, the participants in the experimental groups of one and two received CFT and MBT in 8 and 12 separate 90-minute weekly sessions, respectively.

At the end of the training sessions, all the study participants completed the attachment styles questionnaire as a post-test. Two months after the study, the participants completed the questionnaire again. It is worth noting that during the research process, three participants from the experimental group withdrew for various reasons, resulting in a final sample size of 57 participants. The participants were randomly assigned to groups using a predefined random number table composed of non-repetitive, pattern-free sequences. Allocation began with the first number in the sequence, and individuals were assigned in order until each group reached the target size of 20 participants.

2.6. Intervention

After administering the attachment styles questionnaire as a pre-test, the Compassion-Focused Therapy (CFT) group participated in an eight-session intervention program based on the principles of CFT. Simultaneously, the Mentalization-Based Therapy (MBT) group engaged in weekly MBT sessions for 12 weeks, using a structured training package developed according to the protocol of Chelouche-Dwek and Fonagy (30). During this period, the control group received no psychological intervention. It should be noted that, in preparation for the implementation of both CFT and MBT, the researcher completed the necessary training courses and conducted the interventions under the supervision of a qualified instructor.

For ethical considerations, informed consent was obtained, confidentiality was guaranteed, and participants' rights were respected. After the two-month follow-up period, intensive training was provided for the control group.

2.6.1. Compassion-Focused Therapy (CFT)

The CFT intervention was structured into eight weekly sessions, each lasting 90 minutes (14). Initial sessions introduced participants to the program's framework, including the rationale, rules, and fundamental concepts of compassion. In subsequent sessions, core emotional regulation systems were explored, distinguishing between threat-focused and compassionate mental states. Mindfulness practices such as breathing techniques, body scanning, and present-moment awareness were introduced and reinforced through practical exercises. The participants engaged in developing the six core components of compassion—sensitivity, care, empathy, sympathy, non-judgment, and distress tolerance—followed by guided imagery practices like envisioning one's ideal self and using the "compassionate chair" technique. Advanced sessions focused on reconstructing adverse emotional experiences through compassionate identity formation, fostering compassion toward self and others, and addressing barriers like fear of compassion. The final session emphasized integrating compassionate actions into daily life, including writing self-directed compassionate letters and performing acts of kindness.

2.6.2. Mentalization-Based Therapy (MBT)

The MBT protocol was delivered in twelve sessions, adhering to the framework established by Chelouche-Dwek and Fonagy (30). The initial sessions focused on group orientation, therapeutic objectives, and key concepts, such as mentalization and emotional awareness. Subsequent sessions addressed hyper mentalization patterns, interpretation of mental states, and distinctions between basic and social emotions, complemented by reflective homework assignments. Emotional self-regulation strategies were introduced, with emphasis on recognizing and managing one's own and others' emotions. Sessions five and six highlighted the role of attachment in mentalizing processes through experiential exercises. Personality traits and their influence on interpersonal dynamics were discussed in session seven. The eighth session reinforced MBT goals and techniques. Later sessions examined the interplay between anxiety, depression, attachment, and mentalization, incorporating psychoeducation on related disorders. The final session served as a comprehensive review, allowing participants to consolidate their learning and reflect on therapeutic gains.

2.7. Data Analysis

In this study, data were analyzed using repeated measures analysis of variance (ANOVA) and Bonferroni's post hoc test to compare pre-test, post-test, and follow-up scores. Before conducting the main analyses, the necessary statistical assumptions were tested. The Shapiro-Wilk test was used to examine the normality of data distribution, and the results ($P > 0.05$) confirmed that the data followed a normal distribution. Levene's test was conducted to assess the homogeneity of variances between groups, which indicated equal variances ($P > 0.05$). Additionally, Mauchly's test of sphericity was used to evaluate the assumption of equality of covariance matrices. The results showed that the assumption of sphericity was met, allowing for the use of repeated measures ANOVA without adjustments. All statistical analyses were conducted using SPSS version 24.

3. Results

The demographic characteristics of the participants in each group were compared to ensure that there were no significant differences

between the groups at baseline. Table 1 presents the demographic characteristics of participants in the MBT, CFT, and control groups. The results of the chi-square test for categorical variables and one-way ANOVA for continuous variables indicated no significant differences between the groups in terms of age, education level, employment status, duration of marriage, and number of children.

P values indicated that there were no significant differences between the groups based on the chi-square test for categorical variables and one-way ANOVA for continuous variables.

Table 1 presents the descriptive statistics of the study variables for the intervention and control groups followed by the results of ANOVA within and between the groups to investigate the effect of CFT and MBT on attachment styles with three stages of pre-test, post-test and follow-up (Table 2).

Post-intervention results indicated significant differences in the mean and standard deviation of attachment scores among both experimental groups as compared with their baseline measurements. Among the groups, the highest average score for secure attachment was observed in participants receiving MBT ($M=27.55$, $SD=2.43$), while those

undergoing CFT followed closely ($M=26.60$, $SD=2.13$). The control group showed the lowest mean score (19.24 ± 2.80). The highest averages for avoidant and ambivalent insecure attachment styles were reported in the control group ($M=20.82$ and $M=28.42$, respectively), while the MBT group demonstrated the lowest levels ($M=11.10$ and $M=11.80$). Also, this score remained relatively stable in the follow-up stage. The results of this test indicated that the assumption of the same covariances of attachment styles was confirmed ($P=0.01$). According to Table 2 and the significance of the factors within the groups, a significant difference between the three stages of the pre-test, post-test and follow-up for the scale of attachment styles is confirmed ($P=0.01$). Also, Table 2 indicates a significant difference between the experimental and the control group in terms of attachment styles ($P=0.01$).

Also, Bonferroni's post-hoc test was used to check the difference in the mean of the studied scales between the pre-test, post-test and follow-up measurements (Table 3).

Post-hoc analysis using the Bonferroni method identified statistically significant differences in all three attachment dimensions—secure, avoidant,

Table 1: Demographic characteristics of the participants

Demographic Variable	MBT Group (n=20)	CFT Group (n=20)	Control Group (n=20)	P value
Age (Mean $\pm$ SD)	40.25 $\pm$ 8.60	38.52 $\pm$ 7.01	42.02 $\pm$ 7.20	0.23
Education Level	Diploma: 19 (95%)	Diploma: 20 (100%)	Diploma: 20 (100%)	0.45
Employment Status	Housewives: 19 (93.3%), Employed: 1 (6.7%)	Housewives: 20 (100%)	Housewives: 20 (100%)	0.12
Duration of Marriage	5-12 years: 18 (90%)	5-12 years: 19 (95%)	5-12 years: 17 (85%)	0.33
Number of Children	2 children: 15 (75%)	2 children: 17 (85%)	2 children: 16 (80%)	0.88

MBT: Mentalization-Based Therapy; CFT: Self-Compassion-Focused Therapy; SD: Standard Deviation

Table 2: Descriptive statistics and results of repeated measures ANOVA for attachment styles

Variable	Stages	MBT Group	CFT Group	Control Group	P (between group)
		Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD	
Attachment Style Secure	Pre-test	19.30 $\pm$ 2.83	19.25 $\pm$ 2.82	19.31 $\pm$ 2.85	0.45
	Post-test	27.55 $\pm$ 2.43	26.60 $\pm$ 2.13	19.24 $\pm$ 2.80	0.01
	Follow-up	26.55 $\pm$ 2.23	27.15 $\pm$ 2.56	19.25 $\pm$ 2.82	0.01
	P (with in group)	0.01	0.01	0.52	-
Avoidant Insecure Attachment Style	Pre-test	20.05 $\pm$ 2.48	20.10 $\pm$ 2.77	20.71 $\pm$ 2.55	0.32
	Post-test	11.10 $\pm$ 1.91	11.05 $\pm$ 2.16	20.82 $\pm$ 2.48	0.01
	Follow-up	11.55 $\pm$ 1.82	11.53 $\pm$ 1.81	20.90 $\pm$ 2.59	0.01
	P (with in group)	0.01	0.01	0.58	-
Anxious Ambivalent Insecure Attachment Style	Pre-test	27.95 $\pm$ 2.01	27.35 $\pm$ 2.13	28.60 $\pm$ 2.01	0.39
	Post-test	11.80 $\pm$ 1.39	12.20 $\pm$ 1.39	28.42 $\pm$ 2.06	0.01
	Follow-up	11.50 $\pm$ 1.51	12.01 $\pm$ 1.58	28.40 $\pm$ 2.01	0.01
	P (with in group)	0.01	0.01	0.50	-

MBT: Mentalization-Based Therapy; CFT: Self-Compassion-Focused Therapy; SD: Standard Deviation

Table 3: Bonferroni post-hoc test for pairwise comparison of Self-Compassion-Focused Therapy and Mentalization-Based Therapy

Variables	Phase A	Phase B	Mean Differences (A-B)	SE	P
Attachment Style Secure	Pre-test	Post-test	5.01	0.34	0.01
		Follow-up	4.85	0.29	0.01
	Post-test	Follow-up	-0.16	0.38	0.66
	CFT	MBT	0.16	0.56	0.76
		Control	-4.55	0.56	0.01
Avoidant Insecure Attachment Style	Pre-test	Post-test	5.96	0.35	0.01
		Follow-up	5.61	0.31	0.01
	Post-test	Follow-up	-0.35	0.31	0.26
	CFT	MBT	0.01	0.57	1.00
		Control	-6.56	0.57	0.01
Anxious Ambivalent Insecure Attachment Style	Pre-test	Post-test	10.50	0.28	0.01
		Follow-up	10.66	0.30	0.01
	Post-test	Follow-up	0.16	0.23	0.48
	CFT	MBT	0.10	0.42	0.81
		Control	-11.28	0.42	0.01
	MBT	Control	-11.38	0.42	0.01

MBT: Mentalization-Based Therapy; CFT: Self-Compassion-Focused Therapy; SE: Standard Error

and ambivalent—between experimental and control conditions in both post-test and follow-up phases ($P=0.01$). However, no significant differences were found between the CFT and MBT groups in terms of mean scores for secure ($P=0.76$), avoidant insecure ($P=1.00$) and anxious ambivalent insecure attachment styles ($P=0.81$). These findings suggested that all of the two therapies were equally effective in improving attachment styles among married women involved in marital boredom (Table 3).

4. Discussion

The purpose of this study was to investigate the effect of CFT and MBT on attachment styles in married women involved in marital boredom in Tehran, Iran. The study results demonstrated that both therapeutic approaches effectively enhanced attachment styles among participating women. Based on the literature search, few studies have addressed the simultaneous effect of CFT and MBT on the attachment styles of women involved in marital boredom.

The results of the present study indicated that both Compassion-Focused Therapy (CFT) and Mentalization-Based Therapy (MBT) were effective in improving secure attachment styles and reducing insecure patterns among women experiencing marital boredom. These findings suggested that both interventions may enhance relational

functioning by promoting emotional insight and self-regulation. Although there is limited research investigating the combined effects of CFT and MBT on attachment styles in this population in Iran, the findings were consistent with previous CFT studies. For example, the study by Tabrizi and colleagues supported the effectiveness of CFT in enhancing attachment security, aligning closely with our results (15). In some related study, researchers showed that both interventions may enhance relational functioning by promoting emotional insight and self-regulation. Emotional regulation has consistently been associated with improved interpersonal dynamics, as individuals develop greater awareness of their emotional states and adopt more adaptive strategies for managing them (31). This process fosters deeper emotional insight, which facilitates empathy, effective communication, and conflict resolution within relationships. Asmamaw highlighted that emotion regulation interventions, when tailored to developmental stages, can significantly improve relational outcomes by enhancing self-awareness and behavioral flexibility (32). Furthermore, self-regulation strategies not only reduce impulsivity and emotional reactivity but also strengthen relational bonds through more intentional and reflective interactions. Moreover, self-compassion-based interventions have been shown to effectively improve psychological resilience and overall well-being across diverse populations. For example, Tandler and Petersen observed notable gains in

resilience following self-compassion training (17). Similarly, several studies (2, 18, 19) emphasized the role of self-compassion in reducing emotional reactivity and fostering adaptive coping strategies and resilience. These findings supported the mechanisms through which CFT may have contributed to improved attachment security in the present study.

Consistent with findings from previous studies on self-compassion training (2, 17–19), the present intervention emphasized the cultivation of a balanced orientation—one that integrates care for oneself with empathy for others. Indeed, psychological alignment fosters adaptive functioning by motivating individuals to either modify themselves or influence their environment constructively. Recent studies have shown that self-compassion interventions can enhance interpersonal harmony by aligning personal values with social norms, thereby reducing conflict and resistance (33). Training the compassionate mind has proven to be effective in helping women experiencing marital boredom to shift rigid cognitive patterns related to anxiety, anger, self-criticism, and emotional detachment, leading to improved attachment styles and reduced incompatibility (34). Processing emotions through a self-compassionate lens significantly decreases negative affect (35).

Moreover, self-compassion increases empathy and concern for others. It enables individuals to interpret personal struggles through the lens of shared human experience, recognizing pain and imperfection as universal (36). This shift in perspective reduces self-judgment, which in turn fosters less judgment toward one's spouse, encouraging either personal change or constructive environmental adjustments (37).

Compassionate mind training fosters flexible cognition. Therapists act as “physiotherapists for the brain,” helping clients disengage from rigid neural patterns and develop a greater sense of control over stressors. This process reduces harsh reasoning and expands perceived options for resolving marital conflict (38). Secure attachment styles are associated with greater relational ease and emotional stability, contributing to higher marital satisfaction (39). Formed in childhood, these styles manifest in adult relationships, particularly with spouses. Conversely, individuals with insecure

attachment styles (avoidant or ambivalent) often struggle with trust and intimacy, leading to lower happiness and emotional disconnect in marital bonds (27). Emotional expression plays a pivotal role in relational satisfaction. Couples today face challenges in perceiving and understanding each other's emotions, and deficits in emotional awareness can hinder mutual attunement. Open emotional expression strengthens intimacy and relational contentment (26). When partners express positive emotions and manage strong feelings—such as love, anger, fear, and joy—they build deeper connections. Securely attached individuals communicate more constructively, enhancing intimacy and problem-solving through dialogue.

Considering the above, emotional expression plays a vital role in the health and longevity of intimate relationships. In modern society, couples often struggle to perceive and understand each other's emotions accurately. When emotional awareness and expression are lacking, partners experience reduced emotional attunement and mutual understanding. Therefore, the open expression of emotions contributes significantly to relational contentment and emotional intimacy between partners.

Regarding the effectiveness of MBT, alongside CFT, which has contributed to improvements in attachment styles, it is essential to highlight that emotion and thought regulation are central to most sessions with women experiencing marital boredom (22). In these sessions, the therapist encourages individuals to understand the minds of others and pay closer attention to the thoughts and emotions of those around them. Through continuous practice, participants gradually develop an understanding of their spouse's feelings and thoughts, making efforts to comprehend them. Furthermore, in mentalization-based training, individuals become more familiar with their partner's mind and needs. By employing techniques such as the “pause and return” strategy, they learn to identify and break dysfunctional interaction cycles in their relationships.

4.1. Limitations

The present study had some limitations that should be considered when generalizing the results. One key limitation was the inability to control all confounding variables, which may have

influenced the outcomes despite the efforts made to minimize bias. Additionally, the absence of an alternative intervention for the control group restricted the ability to compare treatment efficacy comprehensively. Participant-related factors, such as attention levels, fatigue, socioeconomic status, and personality traits, may have affected data reliability. Moreover, the reliance on self-reported measures and questionnaire-based assessments introduced potential biases, which should be addressed in future studies. These limitations highlighted the need for further research with more controlled experimental conditions and diverse methodological approaches.

5. Conclusions

Compassion-Focused Therapy (CFT) and Mentalization-Based Therapy (MBT) effectively reduce marital boredom in individuals with insecure attachment by improving emotional regulation, empathy, and communication. CFT promotes self-kindness and helps anxious individuals manage fears of abandonment, while supporting avoidant individuals in forming deeper connections. MBT enhances awareness of self and others' internal states, reducing misunderstandings and impulsive reactions. Together, these therapies foster emotional security, intimacy, and constructive conflict resolution, thereby improving marital satisfaction and reducing burnout.

In conclusion, structured psychological interventions such as Compassion-Focused Therapy (CFT) and Mentalization-Based Therapy (MBT) hold promise for enhancing marital functioning and emotional resilience. These therapeutic approaches may be effectively integrated into clinical practice to address relational challenges among couples. Future research should consider employing larger and more diverse samples, extending intervention periods, and exploring a broader range of marital issues, including infidelity. Comparative studies across genders and cultural contexts are also encouraged. Furthermore, longitudinal research designs are recommended to better understand the sustained impact of these interventions over time.

Acknowledgement

This article was extracted from a part of the PhD dissertation of Ms. Akram Ashrafi in the Department of Psychology, Najafabad Branch,

Islamic Azad University, Isfahan, Iran. Also, the authors would like to appreciate the collaboration of all participants in the present study.

Authors' Contribution

Akram Ashrafi: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work; drafting the work. Zohreh Latifi: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work; drafting the work and reviewing it critically for important intellectual content. Sayed Abbas Haghayegh: Substantial contributions to the design of the work; drafting the work and reviewing it critically for important intellectual content. Parinaz Sadat Sajjadian: Substantial contributions to the design of the work; drafting the work and reviewing it critically for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such that the questions related to the accuracy or integrity of any part of the work.

Conflict of interest: None declared.

Funding: None.

Ethical Approval

The Ethics Committee of Islamic Azad University, NajafAbad Branch, Isfahan, Iran approved the present study with the code of IR.IAU. NAJAFABAD.REC.1401.133. Also, written informed consent was obtained from the participants.

References

1. Almuhtaseb MIA, Alby F, Zuccheromaglio C, Fatigante M. Social support for breast cancer patients in the occupied Palestinian territory. *PLoS One*. 2021;16(6):e0252608. doi: 10.1371/journal.pone.0252608. PubMed PMID: 34143797; PubMed Central PMCID: PMC8213135.
2. Liu X, Li J, Chen X. Does compassion for oneself extend to prosocial behavior for others? Examining the relationship between self-compassion and prosocial behavior using multilevel meta-analysis. *Personality and Individual Differences*. 2025;237:113047. doi:

- 10.1016/j.paid.2025.113047.
3. Araghian S NH, Toozandejani H, Bagherzadeh-Gholmakani Z. Comparison of the effectiveness of quality-of-life therapy and compassion-focused therapy in the quality of interpersonal relationships and Meaning in Life of women with marital conflicts. 2021;12(4):13-24. doi: 10.22075/jcp.2021.19629.1832. Persian.
4. Akbari Y. Factors Related To The Occurrence Of Conflict Between Couples Based On National Family Survey Data In Iran. Iranian Journal of Sociology. 2020;21(4):22-46. doi: 10.22034/jsi.2021.244640. Persian.
5. Harahsheh AHM. Internet Addiction as Predictor in Marital Relationship among a Sample of Divorced Women. Islamic Guidance and Counseling Journal. 2025;8(1):1-12. doi: 10.25217/0020258557900.
6. Mikaeili NAS, Habibi N, Fathi E, Varzaneh AH. The Effectiveness of Prevention and Relationship Enhancement Program (PREP) on Marital Burnout in Married Women. Shahroud Journal of Medical Sciences. 2021;8(2):36-40. doi: 10.22100/ijhs.v8i2.919.
7. Hekmati I, Abdollahpour Ranjbar H, Mohammadpour Sadigh L, Eskin M. Employing acceptance and commitment therapy as individual therapy for couple problems: A case study for women with marital strife. International Journal of Systemic Therapy. 2025;36(1):64-89. doi: 10.1080/2692398X.2024.2400378.
8. Bornscheuer L, Landstedt E, Gauffin K, Almquist YB. Adulthood trajectories of resilience and vulnerability: exploring gender differences in disadvantage after experience of out-of-home care. BMC Public Health. 2025;25:417. doi: 10.1186/s12889-025-21531-y. PubMed PMID: 39894834; PubMed Central PMCID: PMC11789295.
9. Ijaz I, Zubair A, Saeed Q. Relationship Self-Regulation and Dyadic Coping in Married Women: Role of Demographic Factors. Pakistan Journal of Psychological Research. 2022;37(1):119-133. doi: 10.33824/PJPR.2022.37.1.08.
10. Shirani Nazhvani M, Khayatan F, Farhadi H. The Effectiveness of Resilient Dialectical Behavior Therapy and Dialectical Behavior Therapy on Coping Strategies and Resilience in Women Experiencing Marital Burnout. Women Health Bull. 2025;12(1):10-20. doi: 10.30476/whb.2024.103918.1312.
11. Fatemi M, Dayariyan MM, Mosavi A. The effect of the educational package to reduce marital boredom based on the lived experiences of couples on marital boredom of couples who are bored with married life. Journal of Psychological Science. 2024;23(144):257-274. doi: 10.61186/jps.23.144.14.
12. Marmarosh CL, Liu Y, Du Y. Attachment and trauma in group psychotherapy: Theory, intervention, and fostering change. In Leiderman LM, Buchele BJ. Advances in group therapy/trauma treatment. New York: Routledge; 2025. p. 55-67. doi: 10.4324/9781003546252.
13. Rashvand Sorkhkouleh M, Mirhosseini Z. An Analysis of Female University Students' Attitudes towards Gender Equality and the Associated Factors. Journal of Applied Sociology. 2022;33(4):49-72. doi: 10.22108/jas.2022.132687.2267. Persian.
14. Fatolaahzadeh N, Majlesi Z, Mazaheri Z, Rostami M, Navabinejad S. The effectiveness of compassion-focused therapy with internalized shame and self-criticism on emotionally abused women. Journal of psychological studies. 2017;13(2):151-68. doi: 10.22051/psy.2017.12381.1274. Persian.
15. Tabrizi F, Ghamari M, Bazzazian S. The comparison of effectiveness of Acceptance and Commitment Therapy with Integrating Acceptance and Commitment Therapy and Compassion Focus Therapy on psychological well-being of Divorced Women. Journal of Counseling Research. 2020;19(75):65-87. doi: 10.29252/jcr.19.75.65. Persian.
16. Collado-Navarro C, Navarro-Gil M, Pérez-Aranda A, López-del-Hoyo Y, García-Campayo J, Montero-Marin J. Effectiveness of mindfulness-based stress reduction and attachment-based compassion therapy for the treatment of depressive, anxious, and adjustment disorders in mental health settings: A randomized controlled trial. Depression and Anxiety. 2021;38(11):1138-51. doi: 10.1002/da.23198. PubMed PMID: 34288280.
17. Tandler N, Petersen L-E. Are self-compassionate partners less jealous? Exploring the mediation effects of anger rumination and willingness to forgive on the association between self-compassion and romantic jealousy. Current Psychology. 2020;39:750-60. doi: 10.1007/s12144-018-9797-7.

18. Sayadi I, Moradian ST, Mahmoudi H, Salimi SH, Moayed MS. Effectiveness of self-compassion on compassion fatigue and resilience of nurses in intensive care unit for COVID-19. *Current Psychology*. 2025;44(8):7612-7619. doi: 10.1007/s12144-025-07277-1.
19. Baxter R, Sirois FM. Self-compassion and psychological distress in chronic illness: A meta-analysis. *British Journal of Health Psychology*. 2025;30(1):e12761. doi: 10.1111/bjhp.12761. PubMed PMID: 39511912; PubMed Central PMCID: PMC11586813.
20. Sedighi F, Khoshkhatti N. Investigating the Correlation between Spiritual Intelligence and Self-Compassion with the Mediation of Social Adjustment in Divorced Women. *Women Health Bull*. 2025;12(2):109-118.. doi: 10.30476/whb.2025.104630.1324.
21. Fonagy P, Campbell C. Mentalizing, attachment and epistemic trust: how psychotherapy can promote resilience. *Psychiatria Hungarica*. 2017;32(3):283-7. PubMed PMID: 29135441.
22. Karterud S, Gunnarsen G, Kongerslev MT, Staun L, Schultz-Venrath U. On the relationship between group analysis and mentalization-based group therapy. *Group Analysis*. 2025;58(1):115-129. doi: 10.1177/05333164231218694.
23. Ghasemi F, Mirzahoseini H, Monirpor N. Mentalization in Children with Learning Disorders and Those with Attention Deficit Hyperactivity Disorder. *Iran J Cult Health Promot*. 2022;5(4):547-53.
24. Menderes ASY, Çuhadaroglu F. Impact of mentalization, identity diffusion and psychopathology on nonsuicidal self-injury among adolescents. *J Adolesc*. 2025;97(2):357-368. doi: 10.1002/jad.12422. PubMed PMID: 39380446; PubMed Central PMCID: PMC11791739.
25. Dehghani Neyestani H, Atashpour SH, Torkan H. The Impact of Transactional Analysis Group Therapy, Schema Therapy, and Emotion-Focused Therapy on Emotional Regulation in Female College Students Following Romantic Breakups. *Women Health Bull*. 2025;12(2):119-128. doi: 10.30476/whb.2025.104565.1323.
26. Pines AM. Burnout: An existential perspective. *Professional burnout*. London: CRC Press; 2018. p. 33-51.
27. Ali Cheshmeh Alaei M, Samani S, Sohrabi N, Baghouli H. Prediction of Marital Boredom Based on Emotional and Social Maturity. *J Bas Res Med Sci*. 2023;10(1):15-24.
28. Hazan C, Shaver P. Romantic Love Conceptualized as an Attachment Process. In Zukauskienė R. *Interpersonal Development*. London: Routledge; 2017. p. 283-296. doi: 10.4324/9781351153683-17.
29. Arta T, Yousefi E, Pour LK. Psychometric properties of the Attachment in Middle Childhood Questionnaire for Iranian children. *Fundamentals of Mental Health*. 2025;27(2):67-77. doi: 10.22038/JFMH.2025.82656.3170. Persian.
30. Chelouche-Dwek G, Fonagy P. Mentalization-based interventions in schools for enhancing socio-emotional competencies and positive behaviour: a systematic review. *Eur Child Adolesc Psychiatry*. 2025;34(4):1295-1315. doi: 10.1007/s00787-024-02578-5. PubMed PMID: 39264381; PubMed Central PMCID: PMC12000265.
31. Lancaster D, Davies NH, Gait S, Gray A, John B, Jones A, et al. A systematic review of interventions aimed at improving emotional regulation in children, adolescents, and adults. *Journal of Behavioral and Cognitive Therapy*. 2024;34(3):100505. doi: 10.1016/j.jbct.2024.100505.
32. Asmamaw AT. Emotion regulation across the lifespan: Adapting interventions for children, adults, and older adults. In Ibrahim M, editor. *Emotional Regulation – Theory and Application Across Clinical Settings*. London: IntechOpen; 2024. doi: 10.5772/intechopen.1006518.
33. Ghasemi Z, Nourian M, Farahani AS, Heidari A, Nasiri M. Post-traumatic Growth in the Link with Resilience, Self-compassion, and the Personal and Clinical Characteristics in Adolescents with Life-threatening Disease: A Cross-sectional Correlational Study. *Int J Community Based Nurs Midwifery*. 2025;13(1):53-66. doi: 10.30476/ijcbnm.2024.101885.2449. PubMed PMID: 39906254; PubMed Central PMCID: PMC11788778.
34. Singh P, Srivastava N. The relationship of attachment style with marital satisfaction and affect among homemakers and working women. *International Journal of Indian Psychology*. 2024;12(2):1203-1211. doi: 10.25215/1202.106.
35. Cowand A, Amarsaikhan U, Ricks RF, Cash ED, Sephton SE. Self-compassion is associated with improved well-being and healthier

- cortisol profiles in undergraduate students. *Mindfulness*. 2024;15(7):1831–45. doi: 10.1007/s12671-024-02383-w.
36. Neff KD, Germer CK. *The Mindful Self-Compassion Workbook*. 2nd ed. New York: Guilford Press; 2022.
37. Lu S, He Y, Li Q, Chen Z, Fang X. Dyadic effects of attachment styles on marital satisfaction among Chinese couples: The mediating role of perceived partner responsiveness. *Journal of Social and Personal Relationships*. 2024;41(12):1–21. doi: 10.1177/02654075241277.
38. Gilbert P, Simos G. *Compassion-focused therapy: Clinical practice and applications*. 2nd ed. New York: Routledge; 2022. p. 273–312.
39. Martins LB, Marengo LAS, Casalecchi JGS, Figueiredo MJA, Silva Júnior MD. A systematic review of the relationship between marital satisfaction and adult's attachment styles. *Trends in Psychology*. 2023;31(3):1–20. doi: 10.1007/s43076-023-00325-4.