

The Effectiveness of Mentalization-Based Training on We-ness and Couple Burnout among Married Women in Isfahan

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Abstract

Introduction: The present study examined the effectiveness of mentalization-based training in enhancing we-ness and reducing couple burnout among married women in Isfahan, Iran.

Method: This quasi-experimental pretest-posttest control group design included 28 married women who were randomly assigned to an intervention group ($n = 14$) or a control group ($n = 14$). The intervention group received five weekly 90-minute sessions of mentalization-based training, whereas the control group received no intervention during the study period. Data were collected using the We-ness Questionnaire and the Couple Burnout Measure and analyzed with multivariate analysis of covariance.

Results: Findings showed that, compared to the control group, mentalization-based training significantly increased we-ness, $p = .009$, partial $\eta^2 = .24$, and significantly reduced couple burnout, $p = .003$, partial $\eta^2 = .31$.

Conclusion: These findings provide preliminary support for the potential value of mentalization-based training in improving relational functioning among married women. However, replication with larger samples and dyadic designs is needed before more general conclusions can be drawn.

Keywords: Mentalization, We-ness, Couple Burnout, Women, Marital Relationship Quality

Introduction

The family is widely recognized as one of the most influential social institutions, with marriage serving as a central foundation for family formation, emotional development, and social stability [1,2]. Beyond its reproductive and social functions, marriage provides a context for intimacy, companionship, emotional support, and personal growth throughout adulthood [3,4]. Despite these benefits, maintaining a satisfying marital relationship can be challenging. Contemporary couples face numerous stressors, including changing social expectations, economic pressures, and increasing demands on family life, all of which may contribute to relational distress and instability [5]. Consequently, understanding the factors that protect intimate relationships from deterioration has become an important objective in family and relationship research [6].

One relational outcome that has received increasing attention is couple burnout. According to Pines [7], couple burnout is a state of emotional, physical, and psychological exhaustion that develops when chronic disappointments, unmet expectations, and unresolved conflicts accumulate within the marital relationship. As the discrepancy between partners' expectations and the realities of married life widens, emotional investment and relational satisfaction gradually decline.

Individuals experiencing couple burnout often report emotional distancing, reduced intimacy, diminished trust, and persistent dissatisfaction, which may ultimately undermine relationship stability and psychological well-being [7–9]. However, not all couples exposed

to relational stress develop burnout, suggesting that certain interpersonal capacities may buffer the negative effects of relational challenges. A related construct that may protect against relationship deterioration is we-ness. We-ness refers to the extent to which partners experience themselves as a shared relational unit rather than as two independent individuals [10]. This shared relational identity encompasses feelings of belonging, mutual commitment, emotional connectedness, and the integration of the relationship into each partner's sense of self [11,12].

Research has consistently shown that greater we-ness is associated with higher relationship satisfaction, stronger commitment, more constructive conflict resolution, and lower levels of relational distress [11,12]. Accordingly, identifying factors that strengthen we-ness may provide valuable insights into promoting healthier and more resilient marital relationships.

Attachment theory offers a useful framework for understanding both couple burnout and we-ness. Early attachment experiences contribute to the development of internal working models that shape individuals' expectations about themselves and others in close relationships [13,7]. These experiences influence emotion regulation, interpersonal trust, and the capacity to establish and maintain satisfying intimate relationships throughout adulthood. Mentalization is increasingly recognized as a key mechanism through which attachment experiences shape adult interpersonal functioning and relationship quality [14].

Within the contemporary attachment theory, mentalization refers to the capacity to understand one's own and others' behavior in terms of underlying mental states, including thoughts, feelings, intentions, desires, and beliefs [15]. Individuals with stronger mentalizing capacities are better able to interpret interpersonal experiences accurately, regulate emotional reactions, and maintain empathic understanding during relational challenges. Conversely, difficulties in mentalizing may contribute to misunderstandings, hostile attributions, and ineffective communication patterns that undermine relationship quality and increase vulnerability to relational distress [16,17].

Mentalization may be particularly relevant for understanding why some couples become vulnerable to burnout and relational disconnection. In everyday marital interactions, partners frequently interpret each other's behavior under conditions of emotional arousal, stress, and interpersonal uncertainty. During such moments, the capacity to reflect on underlying intentions and emotions may temporarily decline, increasing the likelihood of misinterpretations and reactive responses [17].

When these failures in mentalizing occur repeatedly, they may accumulate over time, contributing to emotional exhaustion, diminished intimacy, and a weakened sense of shared identity. From this perspective, couple burnout and reduced we-ness may partly reflect disruptions in partners' ability to maintain a reflective understanding of themselves and each other during relational challenges [10, 18].

Mentalization-Based Training (MBT), originally developed within attachment-informed approaches, has increasingly been applied beyond clinical populations to improve interpersonal functioning and relationship quality [17,19]. By encouraging a reflective stance, emotional awareness, perspective-taking, and curiosity about mental states, MBT aims to reduce maladaptive assumptions and promote more adaptive interpersonal interactions [19]. These principles may be particularly relevant for couples experiencing normative relational stress, as they target processes that underlie everyday misunderstandings and communication difficulties. Emerging evidence suggests that MBT can improve marital satisfaction, interpersonal functioning, emotion regulation, and psychological well-being [18,19]. Although previous studies have reported beneficial effects of MBT on outcomes such as marital satisfaction, distress tolerance, alexithymia, and mentalization capacity [17,19], limited research has examined whether such interventions can specifically strengthen we-ness as a dyadic identity construct and reduce couple burnout as a chronic indicator of relational strain.

This gap is particularly evident in collectivist cultural contexts such as Iran, where relational identity and family interconnectedness play a central role in marital functioning. Addressing this gap may contribute to a more comprehensive understanding of the mechanisms through which MBT influences intimate relationships. Therefore, the present study aimed to investigate the effectiveness of MBT in increasing we-ness and reducing couple burnout among married women in Isfahan.

Method

This study employed a quasi-experimental pretest-posttest control group design. The statistical population consisted of all married women who attended counseling centers in Isfahan, Iran, during the spring of 2024.

A priori power analysis was conducted using G*Power [20]. Assuming a large effect size ($f = .69$), $\alpha = .05$, and statistical power of .95, the analysis indicated a required minimum sample size of 15 participants per group ($N = 30$). To account for potential attrition, 34 eligible participants were initially recruited ($n = 17$ per group).

During the study, attrition occurred due to contextual and clinical factors. Specifically, six participants (17.6%) were excluded from the final analysis: two participants in the experimental group and three in the control group withdrew after being referred for crisis counseling following a 12-day regional conflict period, and one participant failed to complete the post-test assessment. Consequently, the final sample comprised 28 participants ($n = 14$ per group). The observed attrition rate remained within acceptable limits for intervention-based quasi-experimental studies.

Inclusion criteria were: (a) written informed consent, (b) age between 20–55 years, (c) at least one year of marital life, (d) minimum educational level of high school diploma, (e) no concurrent psychological or medical treatment, (f) no occupational or physical limitations preventing participation in psychological interventions,

(g) not currently seeking divorce, (h) absence of substance or alcohol dependence, (i) absence of severe domestic violence, operationalized as no police or hospital records within the past year, and (j) no simultaneous participation in other counseling programs. Exclusion criteria included non-cooperation with study procedures, missing more than two intervention sessions, and the presence of acute or chronic psychiatric disorders diagnosed by a psychiatrist.

The experimental group received five weekly 90-minute sessions of MBT delivered under the supervision of a licensed counselor, while the control group was placed on a waiting list and received no intervention during the study period. Both groups completed pre-test and post-test assessments.

All ethical principles were observed, including voluntary participation, informed consent, confidentiality of personal information, and the right to withdraw at any time without penalty. The study protocol was approved by the Ethics Committee of the University of Isfahan. All participants provided written informed consent before enrollment.

The educational protocol based on MBT was developed in accordance with the framework proposed by Bateman and Fonagy [21]. To establish content validity, five experts in mentalization and couple therapy were invited to evaluate the intervention content.

The objectives of the program were first explained to the experts, after which they were asked to rate each session component using a three-point scale: (1) essential, (2)

useful but not essential, and (3) not necessary. The Content Validity Ratio (CVR) was then calculated based on Lawshe's method [22]. Given the number of experts ($n = 5$), the minimum acceptable CVR value was 0.99. The obtained CVR values for all items met or exceeded this threshold, indicating strong content validity of the intervention content. Minor revisions were made to the sequencing of sessions based on qualitative feedback from experts, particularly regarding the optimal ordering of emotion regulation and mentalizing exercises.

Following the pre-test phase, the experimental group participated in five weekly 90-minute MBT-based training sessions designed to enhance mentalizing capacity, emotion regulation, and mutual emotional understanding. A detailed description of each session is presented in Table 1.

The tools used in this study were as follows:

We-ness Questionnaire: The We-ness Questionnaire [10] is a self-report measure developed to assess partners' experiences of behavioral, emotional, and cognitive we-ness in their romantic relationships. The questionnaire consists of 17 items (e.g., "We tolerate and support each other's unique characteristics"), rated on a five-point Likert scale ranging from 1 (not at all) to 5 (to a great extent). The Persian version used in the present study was validated by Naghibfar et al. [23]. In the present study, the scale demonstrated acceptable internal consistency ($\alpha = 0.87$), slightly lower than the original validation but within an acceptable range for research purposes.

Table 1. A Summary of the MBT Sessions

Session	Target	Topic
Session 1	Understanding mutuality in relationships and the concept of mentalization and its failures	Introduction and rapport building; initial assessment; exploring participants' expectations and concerns; defining key terms and discussing the concept of mutual understanding in relationships; introducing mentalization and its importance in daily life; explaining the role of mentalization in improving relationships; exploring common challenges couples face when mentalization is absent; group discussion on personal experiences of mentalization breakdowns; summary and wrap-up.
Session 2	What are emotions, and how do they function in our lives?	Defining emotions and their categories; discussing the importance of recognizing emotions; reflecting on reactions to different emotional states; explaining how humans—unlike other animals—can suppress emotional expressions and reactions, which can make the link between emotions and feelings complex or ambiguous; distinguishing between feelings and emotions; summary and wrap-up.
Session 3	How do we recognize and regulate emotions? Mentalizing emotions and emotional understanding	Exploring how to face emotions and feelings; identifying one's own and others' emotions and appropriate responses; learning two main ways of recognizing emotions through facial expressions and empathic identification; providing examples and exercises; introducing emotion regulation through co-regulation with others; summary and wrap-up.
Session 4	Effects of imbalanced mentalization and emotion dysregulation in marital life	Exploring how imbalance in mentalization makes it difficult to understand one's own and others' behaviors; discussing how emotion dysregulation manifests in couple relationships; analyzing how conflicts escalate in the absence of balanced mentalization; summary and wrap-up.
Session 5	The role of attachment styles and mentalization in emotion regulation and interpersonal relationships	Introducing the concept and types of attachment; providing examples of each attachment style; explaining the relationship between attachment and mentalization; discussing the role of attachment in the development of mentalization and its intergenerational transmission; reflecting on participants' attachment styles; summarizing key concepts from previous sessions; group discussion on insights gained; appreciation and closing remarks; post-test administration.

Couple Burnout Measure (CBM): The Couple Burnout Measure (CBM) is a self-report scale designed to assess physical, emotional, and mental exhaustion in marital relationships. The questionnaire includes 21 items rated on a seven-point Likert scale ranging from never (1) to always (7), with total scores between 21 and 147, where higher scores indicate greater couple burnout [7]. In the present study, the CBM demonstrated acceptable overall internal consistency ($\alpha = 0.83$).

The normality of the data was assessed using the Shapiro-Wilk test, while Levene's test was employed to verify the homogeneity of variance across the groups. Repeated-measures analysis of variance (MANCOVA) was conducted to examine the effects of MBT on we-ness and couple burnout. Bonferroni post-hoc tests were used to identify specific pairwise differences between the pre-test and post-test.

Results

Participants were married women aged 24 to 50 years ($M = 36.64$, $SD = 8.09$). The experimental group had a mean age of 38.35 years ($SD = 7.64$), while the control group had a mean age of 34.92 years ($SD = 8.44$). Regarding education level, 10.7% held a diploma, 39.3% a bachelor's degree, 39.3% a master's degree, and 10.7% a PhD. Marriage duration was distributed as follows: 10.7% (1 year), 21.4% (2–5 years), 17.9% (6–10 years), and 50% (11 years or more). Employment status included part-time employment (28.6%), full-time employment (25%), housewife (42.9%), and retired (3.6%). The number of children was none (28.6%), one (39.3%), two (25%), three (3.6%), and four or more (3.6%).

Means and standard deviations of pre-test and post-test scores on the We-ness Questionnaire and Couple Burnout

Measure, separated by group, are presented in Table 2.

Prior to conducting the main analyses, assumptions for MANCOVA were examined. Shapiro-Wilk tests confirmed normality (all $p > 0.05$), Levene's tests indicated homogeneity of variances (we-ness: $p = 0.404$; couple burnout: $p = 0.418$), and Box's M test confirmed homogeneity of variance-covariance matrices ($p = .17$). Within-group homogeneity of regression slopes was confirmed by non-significant Group $\times$ Pre-test interactions (all $p > 0.05$), supporting the appropriateness of MANCOVA.

A one-way MANCOVA, controlling for pretest scores, revealed a significant multivariate effect of the intervention on the combined dependent variables (Pillai's trace = 0.31, $F(2, 25) = 5.59$, $p = 0.01$, $\eta^2 p = 0.31$). Follow-up univariate ANCOVAs indicated that MBT significantly increased we-ness, $F(1, 24) = 7.92$, $p = 0.009$, partial $\eta^2 = 0.24$, and significantly reduced couple burnout, $F(1, 24) = 10.97$, $p = 0.003$, partial $\eta^2 = 0.31$. The intervention accounted for 24% of the variance in we-ness and 31% of the variance in couple burnout. Covariance results have been presented in Table 3.

Assumption checks indicated that the data were approximately normal and that variance assumptions were acceptable. A one-way multivariate analysis of covariance, controlling for pretest scores, showed a significant overall effect of the intervention on the combined dependent variables. Follow-up univariate analyses indicated that MBT significantly increased we-ness, $F(1, 24) = 7.92$, $p = 0.009$, partial $\eta^2 = 0.24$, and significantly reduced couple burnout, $F(1, 24) = 10.97$, $p = 0.003$, partial $\eta^2 = 0.31$. These effects suggest meaningful between-group differences at posttest after adjustment for baseline scores.

Table 2. The Mean and SD of the Variables' Scores Obtained in Pre and Post-test

Scale	Testing Phase	Experimental Group (n = 14)		Control Group (n = 14)		Shapiro-Wilk	
		Mean	Std.	mean	Std.	Value	P
We-ness	Pre-test	53.71	4.32	55.00	3.20	0.90	0.12
	Post-test	64.14	2.63	55.92	3.93	0.98	0.98
Couple Burnout	Pre-test	77.64	7.99	78.24	7.40	0.96	0.77
	Post-test	60.92	5.56	85.23	7.61	0.92	0.25

Table 3. Variables Analysis in the Context of Multivariate Covariance Analysis

Scale	Source	Sum Squares	df	Mean Square	F	P	Eta	Power
We-ness	Pre-test	242.52	1	242.52	2.98	0.009	0.11	0.38
	Group	643.03	1	643.03	7.92	0.01	0.24	0.77
	Error	1949.76	24	81.24				
Couple Burnout	Pre-test	4241.26	1	4241.26	22.86	0.01	0.48	0.99
	Group	2035.89	1	2035.89	10.97	0.003	0.31	0.88
	Error	4451.10	24	185.46				

Discussion

The present study examined the effectiveness of MBT in enhancing we-ness and reducing couple burnout among married women in Isfahan. The findings indicated that participants who received MBT reported significantly higher levels of we-ness and lower levels of couple burnout than those in the control group. These findings are consistent with previous studies demonstrating that

mentalization is associated with improved relationship quality, greater marital satisfaction, and reduced relational distress [17, 24–27].

One possible explanation is that MBT promotes a reflective understanding of interpersonal experiences. By encouraging individuals to consider their partner's thoughts, emotions, intentions, and needs, rather than relying on immediate emotional reactions or rigid

assumptions, mentalization reduces cognitive distortions and hostile attributions during marital interactions [17,16]. This process may help partners interpret disagreements more accurately, thereby reducing emotional exhaustion and relational frustration, which are central features of couple burnout. Consistent with this interpretation, recent evidence suggests that higher mentalizing capacity predicts better emotion regulation and psychological well-being over time [28].

The observed increase in we-ness may also be understood through the role of mentalization in fostering mutual understanding and emotional attunement. MBT encourages a “not-knowing stance,” characterized by curiosity and openness toward the partner’s subjective experience [28, 29]. Such an approach facilitates empathic engagement, healthier communication, and greater emotional safety within the relationship [29]. As partners become more capable of understanding one another’s internal experiences, they may develop a stronger sense of shared identity and belonging. Given that we-ness reflects the perception of the relationship as a meaningful “we,” enhanced mentalizing capacities may contribute directly to the development of a more cohesive couple identity.

The present findings are further supported by recent international research emphasizing the importance of interpersonal understanding and shared relational identity. Schroeder and Fishbach [30] found that feeling understood and known by one’s partner is a strong predictor of relationship satisfaction and relational security. Similarly, Pacheco et al. [31] highlighted mutual understanding, emotional connectedness, and shared identity as core components of couple identity. These findings align closely with the theoretical mechanisms underlying the present intervention and suggest that improvements in mentalizing may strengthen we-ness through deeper interpersonal understanding and emotional connection. Furthermore, a recent systematic review concluded that mentalization-based interventions contribute to improvements in affect regulation, interpersonal functioning, and psychological well-being across diverse adult populations [32].

Despite these promising findings, several limitations should be acknowledged. First, the study relied on a relatively small convenience sample drawn from a specific cultural context, which may limit generalizability. Second, although we-ness and couple burnout are inherently dyadic constructs, data were collected only from women; therefore, reciprocal effects within couples could not be examined. Third, the exclusive use of self-report measures may have increased the risk of response bias. Finally, the absence of follow-up assessment limits conclusions regarding the long-term sustainability of the intervention effects.

Overall, the findings provide preliminary evidence that MBT may enhance shared couple identity and reduce relational burnout among married women. Future research should employ larger and more diverse samples, include both partners, incorporate longitudinal follow-up designs, and compare mentalization-based interventions

with other evidence-based couple therapy approaches.

Conclusion

In summary, the present findings provide initial evidence that MBT may strengthen we-ness and reduce couple burnout among married women. The results are consistent with the view that better understanding of one’s own and one’s partner’s mental states can improve relational functioning. However, the small female-only sample, the convenience sampling strategy, and the lack of follow-up require that these findings be interpreted cautiously. Larger dyadic studies with longitudinal follow-up are needed before the intervention can be recommended more broadly.

Conflict of Interest

The authors declare no conflicts of interest.

Ethical Approval

The study was approved by the Ethics Committee of the University of Isfahan (Code: IR.UI.REC.1403.111).

Declaration of Generative AI and AI-Assisted Technologies

During the preparation of this work, the authors used Grammarly application in order to enhance language, conciseness, and clarity. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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