

Predicting Marital Burnout Based on Negative Affect and Psychological Distress: The Mediating Role of Alexithymia in Couples

Leila. Rahmanizadeh¹, Azade. Abooei^{2*}

¹ Master Student of Psychology, Department of Psychology, Faculty of Humanities, Science and Arts University, Yazd, Iran

² Assistant Professor, Counseling Department, Science and Arts University, Yazd, Iran

* Corresponding author email address: A.aboei@tea.sau.ac.ir

Article Info

Article type:

Original Research

Section:

Family and Couple Therapy

How to cite this article:

Rahmanizadeh, L. & Abooei, A. (2027). Predicting Marital Burnout Based on Negative Affect and Psychological Distress: The Mediating Role of Alexithymia in Couples. *KMAN Conseling and Psychology Nexus*, 5, 1-16.

<https://doi.org/10.61838/kman.psynexus.5982>



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ABSTRACT

Marital burnout is one of the detrimental consequences of marital relationships that can adversely affect couples' mental health and quality of life; therefore, identifying the factors contributing to it is of particular importance. The present study aimed to predict marital burnout based on negative affect and psychological distress, with the mediating role of alexithymia in couples. The study population consisted of all couples residing in Yazd. Multistage cluster sampling was employed, and 230 individuals were selected as the final sample. The research instruments included the Pines Marital Burnout Questionnaire (1996), the Positive and Negative Affect Schedule (PANAS; Watson & Tellegen, 1988), the Psychological Distress Scale (Kessler et al., 2002), and the Toronto Alexithymia Scale (Bagby, Parker, & Taylor, 1994). Data were analyzed using Pearson correlation and structural equation modeling (SEM) with SPSS 27 and AMOS 26. The results indicated that the direct effect of negative affect on marital burnout was significant ($\beta = .186, p < .05$), the direct effect of psychological distress on marital burnout was significant ($\beta = .312, p < .05$), the direct effect of alexithymia on marital burnout was significant ($\beta = .388, p < .05$), the direct effect of negative affect on alexithymia was significant ($\beta = .209, p < .05$), and the direct effect of psychological distress on alexithymia was significant ($\beta = .559, p < .05$). Furthermore, the indirect effect of negative affect on marital burnout through alexithymia was significant ($\beta = .217, p < .05$), and the indirect effect of psychological distress on marital burnout through alexithymia was also significant ($\beta = .081, p < .05$). Accordingly, the findings highlight the necessity of systematically addressing alexithymia and emotion regulation in the assessment and implementation of couple-therapy interventions aimed at preventing and reducing marital burnout.

Keywords: marital burnout, negative affect, psychological distress, alexithymia, couples

1. Introduction

Marriage is one of the most consequential interpersonal institutions in adult life and constitutes a central context for emotional intimacy, psychological

security, social support, and the fulfillment of relational needs. The quality of the marital relationship can influence not only partners' subjective well-being but also their physical health, psychological functioning, family stability, and broader patterns of social adjustment. Conversely,

persistent dissatisfaction and deterioration in the marital relationship may be associated with a wide range of adverse psychological and interpersonal outcomes. Recent evidence indicates that marital dissatisfaction is related to unfavorable health and psychosocial consequences, particularly when relational difficulties become chronic and interact with other developmental and contextual stressors (Pengpid et al., 2025). Couple relationship quality has also been associated with important health-related outcomes such as sleep quality, suggesting that marital functioning is intertwined with biological and psychological processes extending beyond the immediate relational domain (Wang et al., 2025). Moreover, contemporary reviews of marital satisfaction research demonstrate that the determinants and consequences of marital functioning remain an important area of psychological investigation and that greater attention is required to the emotional and interpersonal mechanisms through which marital relationships deteriorate over time (Destiani et al., 2026).

One of the more severe manifestations of prolonged deterioration in intimate relationships is marital burnout. Marital burnout refers to a multidimensional state of emotional, psychological, and physical exhaustion that develops when individuals experience persistent discrepancies between their expectations of marriage and the realities of their relationship. Rather than representing a temporary period of dissatisfaction or conflict, marital burnout reflects the cumulative erosion of emotional investment, intimacy, motivation, and relational vitality. Individuals experiencing marital burnout may report emotional depletion, hopelessness regarding relational improvement, psychological fatigue, reduced affection, detachment from the spouse, and physical exhaustion associated with chronic relational strain. Early investigations described marital burnout as a process in which emotional resources are gradually exhausted, frequently without dramatic or immediately observable relational breakdown, thereby emphasizing its cumulative and often silent nature (Alsawalqa, 2019). Qualitative research among Iranian couples has likewise shown that marital disillusionment arises through complex interactions among unmet expectations, emotional distancing, unresolved conflicts, repetitive negative experiences, and diminishing perceptions of relational reciprocity (Bahmani et al., 2017). These characteristics make marital burnout an important construct for understanding why some relationships progressively lose emotional vitality even when the marriage formally continues.

Marital burnout is not reducible to a single relational problem; rather, it is influenced by individual, interpersonal, and contextual factors. Lifestyle patterns, behavioral tendencies, psychological vulnerabilities, interpersonal stressors, and the manner in which couples respond to relational difficulties may all contribute to the emergence and maintenance of burnout. Research has indicated that procrastination and lifestyle characteristics can predict marital burnout, suggesting that everyday behavioral patterns may gradually influence relationship quality and accumulated relational fatigue (Amrei Barchalouei et al., 2021). More recent work has emphasized the importance of developing preventive interventions for marital burnout based on the lived experiences of individuals who have become disillusioned with married life, highlighting the need to identify modifiable psychological mechanisms before burnout becomes entrenched (Fatemi et al., 2025). Cross-cultural evidence further suggests that marital burnout is affected by how partners negotiate interpersonal conflict and that gender and sociocultural context may shape the association between conflict-management styles and burnout (Obioma et al., 2025). Accordingly, marital burnout should be conceptualized as the outcome of a dynamic process in which repeated emotional, cognitive, and interpersonal difficulties accumulate and gradually weaken the couple's capacity to sustain a satisfying relationship.

Among the psychological variables likely to play a particularly important role in this process is negative affect. Negative affect is a relatively broad dimension of emotional functioning characterized by the frequent or intense experience of aversive emotional states such as distress, irritability, anxiety, anger, fear, guilt, and sadness. Individuals with elevated negative affect tend to perceive and react to interpersonal experiences through a more negatively valenced emotional framework and may show heightened sensitivity to perceived threats, rejection, frustration, or conflict. Longitudinal evidence suggests that negative affectivity may have developmental roots, with difficulties in close interpersonal relationships during adolescence contributing to later patterns of negative affect in adulthood (Allen et al., 2025). Within intimate relationships, such affective tendencies may be especially consequential because partners repeatedly interpret each other's behavior, communicate emotional needs, and respond to relational stressors. Chronic negative affect may therefore increase the likelihood that routine disagreements are perceived as threatening, that neutral interactions are

interpreted negatively, and that conflict generates prolonged emotional activation.

Evidence specifically concerning marriage indicates that negative affect is closely associated with marital burnout. Studies among urban couples have demonstrated that greater negative affect is associated with higher levels of marital burnout (Rezaei & Mohammadi, 2020), while research among married women has similarly linked negative emotions with greater relational exhaustion and burnout (Rezaei, 2020). Negative affect may contribute to marital burnout through several pathways, including the amplification of interpersonal stress, impaired communication, reduced responsiveness to a partner's positive behavior, diminished capacity for constructive problem solving, and increased rumination about relational difficulties. Research has further shown that negative affect, together with difficulties in emotion regulation, can significantly predict marital burnout (Ghasemi & Ahmadi, 2023). Thus, negative affect should not be considered merely a transient emotional consequence of marital problems; it may also function as an antecedent that shapes the way partners process and respond to relational experiences.

The effects of negative affect on relationship functioning are closely connected to broader processes of stress and emotional regulation. Stress experienced by one or both partners can spill over into the marital relationship, increasing negative interactions and diminishing the capacity for supportive communication. Research on early marriage has shown that stressors originating outside the relationship may influence marital functioning by altering emotional states and interpersonal behavior within the couple (Neff & Karney, 2020). Similarly, theoretical and empirical work on dyadic coping has highlighted the interdependence among stress, negative emotions, and couple functioning, demonstrating that partners' emotional responses to stressful circumstances can shape relational quality and adaptation (Bodenmann et al., 2020). These processes are relevant to marital burnout because repeated stress spillover may transform episodic negative emotions into persistent patterns of relational disengagement, emotional fatigue, and pessimism about the marriage.

Emotion regulation is particularly important in determining whether negative emotional experiences become damaging to the relationship. Individuals who are able to identify, tolerate, communicate, and adaptively regulate negative emotions may be better equipped to prevent transient distress from escalating into chronic conflict. In contrast, emotion-regulation difficulties have

been associated with emotional burnout within marriage (Ahmadi & Rajabi, 2022), and empirical evidence indicates that such difficulties may mediate the association between stress and marital burnout (Ahmadi & Rajabi, 2023). Research on couples and families has also demonstrated that emotion dysregulation may transmit the effects of stress between partners. For example, actor-partner analyses have shown that parenting stress can influence marital satisfaction through emotion dysregulation, indicating that one partner's stress-related emotional difficulties can affect both personal and partner evaluations of the relationship (Wu et al., 2025). Experimental research further suggests that both intrapersonal and interpersonal emotion-regulation strategies are associated with affective experience, relationship quality, interpersonal closeness, and physiological indicators of stress (Battaglini et al., 2025). Together, these findings underscore the importance of identifying emotional-processing variables that may explain how negative emotional experiences are converted into enduring marital exhaustion.

A second major psychological factor associated with marital burnout is psychological distress. Psychological distress is a broad construct encompassing symptoms such as anxiety, depressed mood, emotional agitation, helplessness, and reduced psychological functioning. Although distress may emerge in response to acute life events, chronic psychological distress can alter perceptions, emotional reactivity, interpersonal behavior, and the capacity to engage constructively in close relationships. Within marriage, individuals experiencing elevated psychological distress may have reduced emotional resources for empathy, communication, conflict resolution, and mutual support. Studies have shown that psychological distress significantly predicts marital burnout, indicating that individuals with greater levels of psychological symptoms are more likely to experience emotional and relational exhaustion (Alavi & Rezvan, 2022). The responsiveness of marital burnout and psychological distress to psychological intervention further supports the close association between these constructs; for example, quality-of-life therapy has been found to reduce both marital burnout and psychological distress among women experiencing infertility (Farazmand & Ebrahimi, 2018).

Psychological distress can arise from multiple sources within and outside the marriage. Economic hardship, relational conflict, social isolation, caregiving burdens, illness, and traumatic relational experiences may all contribute to sustained distress and subsequently undermine

marital well-being. Research among wives of individuals with substance dependence has demonstrated that economic strain and marital conflict are important correlates of mental well-being, whereas social support can serve a protective function (Adnan et al., 2025). Similarly, research on married women exposed to marital trauma has suggested that social media experiences can contribute to psychological distress in the aftermath of such trauma, illustrating how contemporary social contexts may interact with intimate relational vulnerability (Adeyeye, 2023). Emotional distress also appears to remain salient following marital dissolution, with patterns of psychological overinvolvement and daily affect being associated with adaptation after relationship breakdown (Bourassa et al., 2019). These findings collectively indicate that psychological distress is deeply embedded in interpersonal functioning and may contribute to the progressive exhaustion that characterizes marital burnout.

Negative affect and psychological distress are theoretically related but conceptually distinct. Negative affect primarily represents the tendency to experience negatively valenced emotional states, whereas psychological distress reflects a broader condition of impaired emotional and psychological functioning. Their overlap is nevertheless clinically meaningful. Evidence from occupational contexts has demonstrated that negative affect can mediate or contribute to associations involving psychological distress and burnout-related phenomena (Barnett & Ruiz, 2018). In marital relationships, a similar dynamic may occur: psychological distress may increase the frequency and intensity of negative emotional experiences, whereas high negative affect may magnify perceptions of stress and relational difficulty. When these patterns persist, individuals may have fewer psychological resources available for intimacy, empathy, and constructive interaction, thereby increasing vulnerability to marital burnout.

An especially important mechanism through which negative affect and psychological distress may influence marital burnout is alexithymia. Alexithymia is a multidimensional personality and emotional-processing construct characterized primarily by difficulty identifying feelings, difficulty describing feelings, and an externally oriented cognitive style. Individuals with elevated alexithymia often experience emotional arousal without being able to accurately differentiate, label, or communicate their internal states. This can interfere with emotional awareness, self-regulation, empathy, and interpersonal communication. Because intimate relationships depend

heavily on recognizing and expressing emotional needs, alexithymia may be particularly disruptive within marriage. Research has demonstrated associations between alexithymia and adult attachment, suggesting that limited emotional awareness and expression are linked with patterns of relational insecurity and interpersonal functioning (Verzeletti et al., 2019). Such findings provide a theoretical basis for expecting alexithymia to contribute to difficulties in marital relationships.

Within marital contexts, alexithymia has been directly associated with dissatisfaction and relational dysfunction. Evidence indicates that alexithymia can mediate processes leading to marital dissatisfaction, highlighting its role as an explanatory emotional-processing mechanism rather than merely an accompanying personality characteristic (Besharat & Shahidi, 2021). Similarly, alexithymia, stress, and marital dissatisfaction have been found to be interrelated, suggesting that difficulties in emotional identification and expression may become particularly detrimental when individuals are exposed to psychological stress (Akbari, 2023). Research specifically examining marital burnout has also supported a mediating role for alexithymia, indicating that deficits in emotional awareness may help explain why broader psychological vulnerabilities become translated into marital exhaustion (Hosseini & Sharifi, 2021). Emotional unawareness has likewise been associated with relationship burnout, providing further evidence that limited access to one's own emotional experience may compromise the maintenance of intimate relationships (Marques et al., 2024).

The relevance of alexithymia to burnout is not confined to marital relationships. Studies across different populations demonstrate that alexithymia may increase vulnerability to exhaustion when individuals are exposed to sustained demands. Among parents of children with autism spectrum disorder, alexithymia has been associated with parental burnout, with perceived social support functioning as an important mediating mechanism (Lin et al., 2023). Structural equation modeling research has further linked alexithymia and attachment dimensions with parental burnout, emphasizing the importance of emotional-processing deficits in chronic caregiving exhaustion (Ścigala et al., 2025). In occupational settings, alexithymia has been associated with teacher burnout and job satisfaction among preschool teachers (Scarzello & Prino, 2025), and recent research among nurses has demonstrated an association between alexithymia and burnout risk during the COVID-19 pandemic (Bovo et al., 2026). Alexithymia has also been

examined alongside academic burnout and emotional intelligence in relation to academic outcomes, reinforcing the broader relevance of emotional awareness for adaptive functioning under prolonged psychological demands (Mafi et al., 2025). Although these forms of burnout occur in different contexts, they converge on the proposition that difficulty processing emotions may reduce individuals' ability to adapt effectively to persistent stress.

The mechanisms linking alexithymia to marital burnout can be understood through emotion-regulation and interpersonal processes. A person who has difficulty identifying feelings may experience tension, anger, disappointment, or fear without recognizing the emotional source of the experience. Difficulty describing feelings may then prevent the individual from communicating needs clearly to the partner, increasing the likelihood of misunderstanding, withdrawal, or conflict. An externally oriented thinking style may further limit reflection on emotional causes and reduce the capacity for psychological insight during interpersonal disagreements. Over time, these processes may create repetitive cycles in which emotional needs remain unrecognized, conflicts are insufficiently resolved, and both partners experience progressive emotional exhaustion. Research on emotion regulation in marriage demonstrates that emotional-regulatory processes are strongly connected with couple burnout, although their effects may vary according to authenticity, parental status, and other contextual characteristics (Kocyigit & Uzun, 2025). Experimental evidence showing associations between emotion-regulation strategies and relational closeness also supports the view that effective emotional processing is fundamental to sustaining interpersonal connection (Battaglini et al., 2025).

Alexithymia may also explain why psychological distress becomes particularly damaging in intimate relationships. Psychological distress typically involves intense or persistent unpleasant internal states. If an individual can identify these experiences and communicate them appropriately, the partner may provide support, and the couple may collaboratively address the underlying problem. When alexithymia is elevated, however, emotional discomfort may remain poorly differentiated and may instead appear behaviorally as irritability, withdrawal, somatic complaints, emotional coldness, or maladaptive conflict responses. Difficulties in emotion regulation have been shown to arise in connection with adverse interpersonal experiences and conflict-related interpretations, suggesting that emotional processing is shaped by relational learning

and may subsequently affect how individuals manage distress (Dumessa et al., 2020). In this sense, alexithymia may serve as a bridge between internal psychological distress and observable deterioration in marital functioning.

This interpretation is consistent with the growing recognition that alexithymia is potentially modifiable rather than an entirely fixed characteristic. A systematic review of psychological treatments for alexithymia has indicated that various psychological interventions may improve emotional awareness and related alexithymic features (Tsubaki & Shimizu, 2024). This has important implications for marital burnout because, if alexithymia partially mediates the effects of negative affect and psychological distress, interventions targeting emotional identification, emotional vocabulary, emotional expression, and adaptive regulation may help interrupt the pathway toward chronic relational exhaustion. Such an approach would be consistent with preventive models emphasizing the lived experiences and modifiable emotional needs of couples at risk of marital burnout (Fatemi et al., 2025).

The broader relational consequences of emotional dysregulation and marital dissatisfaction also make examination of these mechanisms important at the family level. Marital functioning is embedded within a family system in which parents' psychological experiences may affect children as well as one another. Research has demonstrated that marital satisfaction may be associated with children's aggressive behavior through psychological distress in both parents and children, illustrating how relational difficulties can extend across family subsystems (Wang et al., 2024). Similarly, relational stress and poor emotional regulation can operate through actor and partner effects, meaning that the psychological state of one partner may influence the functioning of the other (Wu et al., 2025). Therefore, preventing marital burnout may have implications not only for the well-being of spouses but also for broader family functioning.

Despite accumulating research, several issues remain insufficiently clarified. First, many studies have examined marital burnout in relation to individual predictors such as negative affect, stress, psychological distress, lifestyle, or emotion regulation, but fewer have integrated these variables within a unified mediational framework. Existing evidence supports the association between negative affect and marital burnout (Ghasemi & Ahmadi, 2023; Rezaei, 2020; Rezaei & Mohammadi, 2020), the relationship between psychological distress and marital burnout (Alavi & Rezvan, 2022; Farazmand & Ebrahimi, 2018), and the role of alexithymia

in marital dissatisfaction and burnout (Besharat & Shahidi, 2021; Hosseini & Sharifi, 2021). However, examining these associations separately does not sufficiently explain the psychological process through which negative emotional experiences become translated into sustained marital exhaustion.

Second, recent research increasingly emphasizes interpersonal emotion regulation and dyadic processes rather than viewing emotional functioning solely as an individual characteristic. Negative emotional states, stress, and emotion regulation occur within reciprocal relational systems, meaning that one partner's psychological functioning may influence interaction patterns that subsequently affect both individuals (Battaglini et al., 2025; Bodenmann et al., 2020). Conflict negotiation strategies have likewise been shown to influence marital burnout across sociocultural contexts (Obioma et al., 2025). Accordingly, examining alexithymia as a mediator may help clarify an intrapersonal emotional mechanism with important interpersonal consequences. Individuals who experience high negative affect or psychological distress may not inevitably develop marital burnout; rather, the risk may depend partly on whether they can recognize, understand, and communicate their emotional experiences.

Third, existing evidence on burnout outside marriage strengthens the rationale for testing this mechanism directly in couples. Associations between alexithymia and burnout have been documented among parents, teachers, nurses, and students (Bovo et al., 2026; Lin et al., 2023; Mafi et al., 2025; Scarzello & Prino, 2025; Ścigała et al., 2025). This convergence suggests that alexithymia may represent a transdiagnostic or cross-contextual vulnerability that increases susceptibility to exhaustion under persistent emotional demands. Marriage is a particularly important context in which to examine this possibility because intimate relationships require sustained emotional reciprocity, accurate recognition of one's own and one's partner's emotional states, and repeated regulation of interpersonal stress. When these capacities are impaired, negative affect and psychological distress may exert stronger and more persistent effects on relational functioning.

Finally, identifying mediating mechanisms has practical relevance for assessment, prevention, and couple therapy. If marital burnout is predicted not only by negative affect and psychological distress but also by the manner in which individuals process their emotions, interventions should extend beyond merely reducing distress. They may also need to strengthen emotional awareness, accurate identification of

feelings, emotional communication, and adaptive regulation. This perspective is compatible with evidence linking emotion regulation difficulties to marital burnout (Ahmadi & Rajabi, 2022, 2023), as well as with research demonstrating that alexithymia can be addressed through psychological interventions (Tsubaki & Shimizu, 2024). A model incorporating negative affect, psychological distress, and alexithymia may therefore provide a more comprehensive explanation of marital burnout and identify clinically meaningful targets for preventive and therapeutic programs.

Accordingly, the present study aimed to predict marital burnout based on negative affect and psychological distress and to examine the mediating role of alexithymia in couples.

2. Methods and Materials

2.1. Study Design and Participants

Based on the method of data collection, the present study was a descriptive (nonexperimental), correlational study conducted using structural equation modeling.

The study population consisted of all couples in Yazd who had an active record at one of the treatment centers in the city. Because the minimum sample size in structural equation modeling is determined based on latent variables rather than observed variables (5–20 cases are required for each factor or latent variable), a minimum sample size of 200 is generally recommended (Delavar, 2024). In the present study, the sample size was set at 300 participants to ensure adequate statistical power and sampling adequacy and to account for the possibility of distorted, unanswered, or missing questionnaires. Multistage cluster sampling was used to select the sample. The inclusion criteria were having an active record at one of the counseling centers in Yazd, having sufficient ability to read, write, and understand Persian to complete the self-report questionnaires, and providing informed consent. The exclusion criteria included diagnosed severe psychiatric disorders, severe physical illnesses or cognitive impairment, and incomplete or invalid responses. Participants were assured that their private and personal information would be protected. The results would be interpreted for them upon request. Participants were also assured that participation in the study would impose no financial burden. Furthermore, the present study did not conflict with the religious or cultural values of the participants or the community.

The study population consisted of all adolescents aged 15–18 years in Ardakan. Based on Cochran's formula, the

sample size was determined to be 250 participants; however, to ensure adequate statistical power and sampling adequacy and to account for potential attrition, 300 participants were initially considered for the sample. Multistage cluster sampling was used to select the sample. Subsequently, an online questionnaire link was developed and, after approval by the supervisor and advisor, was made available to the target population. To comply with ethical principles, only individuals who provided full consent to participate in the study were included. At the end, each participant was also asked to indicate whether they wished their data to be included in the analysis. To ensure compliance with the inclusion criteria, the questionnaire link was configured so that only individuals meeting the inclusion criteria could respond to the questions, and only eligible data were analyzed. Finally, after data screening and the removal of invalid cases, data from 230 participants were subjected to statistical analysis.

2.2. Measures

Marital Burnout Questionnaire: This questionnaire was developed by Pines in 1996. It consists of 20 items rated on a seven-point scale and comprises three components: emotional exhaustion, psychological exhaustion, and physical exhaustion. Internal consistency was assessed for most participants using Cronbach's alpha coefficients, which ranged from .91 to .93. In Iran, Navidi et al. (2017) assessed the Cronbach's alpha coefficient of this questionnaire and reported a value of .86. In the aforementioned study, internal consistency coefficients calculated for the marital burnout subscales and overall marital burnout were .81 for physical exhaustion, .87 for emotional exhaustion, .86 for psychological exhaustion, and .84 for overall marital burnout (Navidi et al., 2017). In the present study, the Cronbach's alpha coefficient for the questionnaire was .956.

Negative Affect Questionnaire: In the present study, the Positive and Negative Affect Schedule (PANAS) was used to assess negative affect. This scale was developed by Watson and Tellegen in 1988 to measure the two dimensions of "negative affect" and "positive affect." It contains 20 items, each rated on a five-point scale ranging from very slightly (score = 1) to extremely (score = 5), and the score for each subscale ranges from 10 to 50 (as cited in Bakhshipour & Dejkam, 2005). The internal consistency coefficient (alpha) was .88 for the positive affect subscale and .87 for the negative affect subscale. Test-retest

reliability over an eight-week interval was reported as .68 for the positive affect subscale and .71 for the negative affect subscale (Watson, Clark, & Tellegen, 1988, as cited in Bakhshipour & Dejkam, 2005). Confirmatory factor analysis was used to examine construct validity. The fit of the model comprising two factors and 20 items was examined. Based on the obtained values of CFI = .92 and RMSEA = .05 for 100 students, it was concluded that, after removing six items from the positive and negative affect dimensions, the two-factor model demonstrated good fit. The results of the analyses indicated Cronbach's alpha coefficients of .82 for positive affect and .77 for negative affect (Watson, Clark, & Tellegen, 1988, as cited in Bakhshipour & Dejkam, 2005). In the present study, the Cronbach's alpha coefficient for the questionnaire was .929.

Psychological Distress Questionnaire: The Psychological Distress Questionnaire was developed by Kessler et al. (2002) as a 10-item instrument for assessing psychological disorders. This psychological symptom questionnaire, which evaluates the respondent's psychological status during the previous month, was developed by Kessler et al. (2002) in a 10-item format. Responses are rated on a five-point scale: all of the time = 4, most of the time = 3, some of the time = 2, a little of the time = 1, and none of the time = 0. Thus, each item is scored from 0 to 4, yielding a maximum total score of 40. Anderson et al. (2011) reported acceptable reliability and content validity for this questionnaire in an older adult population. Kessler et al. (2002) also reported a Cronbach's alpha reliability coefficient of .93. In Iran, Yaghoubi (2015) reported a Cronbach's alpha coefficient of .83 and indicated satisfactory reliability for the questionnaire. Farazmand and Ebrahimi (2018) reported a Cronbach's alpha coefficient of .86 for the questionnaire (Farazmand & Ebrahimi, 2018). In the present study, the Cronbach's alpha coefficient for the questionnaire was .937.

Alexithymia Scale: The Toronto Alexithymia Scale, introduced by Bagby, Parker, and Taylor (1994), is a 20-item instrument assessing three subscales: difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. The psychometric properties of this scale have been examined and confirmed in numerous studies (Parker, Taylor, & Bagby, 2001, 2003). Besharat (2007) reported Cronbach's alpha coefficients of .85, .82, .75, and .72 for total alexithymia, difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking, respectively. The test-retest reliability of the 20-item Toronto Alexithymia Scale was confirmed in a sample of 67 participants assessed twice at a four-week interval,

with coefficients ranging from .70 to .77 for total alexithymia and its various subscales. The concurrent validity of the 20-item Toronto Alexithymia Scale was examined and confirmed based on correlations between its subscales and measures of emotional intelligence, psychological well-being, and psychological distress (Besharat, 2013). In the present study, the Cronbach's alpha coefficient for the questionnaire was .904.

2.3. Data Analysis

The data were analyzed at both descriptive and inferential levels. At the descriptive level, statistical indices including frequency, percentage, mean, and standard deviation were used. At the inferential level, based on the level of measurement of the data and the assumptions underlying the statistical tests, Pearson's correlation coefficient and structural equation modeling path analysis were used to evaluate the proposed model with SPSS and AMOS.

Table 1

Descriptive Indices of the Study Variables

Variable	Subscale	Mean	SD	Skewness	Kurtosis
Marital burnout	Total score	70.62	26.452	0.89	0.449
	Emotional	21.47	7.922	0.446	1.329
	Psychological	26.25	10.780	-0.732	0.548
	Physical	22.90	8.967	0.211	-1.248
Negative affect	Total score	22.70	9.352	-0.941	0.545
Psychological distress	Total score	23.87	9.982	0.821	-0.521
Alexithymia	Total score	54.97	16.886	0.421	-0.949
	Difficulty identifying feelings	18.97	8.053	0.451	0.098
	Difficulty describing feelings	13.79	5.365	1.852	-1.242
	Externally oriented thinking	22.21	5.803	0.334	0.448

According to Table 1, the mean scores were 70.62 (SD = 26.452) for marital burnout, 22.70 (SD = 9.352) for negative affect, 23.87 (SD = 9.982) for psychological distress, and 54.97 (SD = 16.886) for alexithymia. The skewness and kurtosis values for all variables fell within the acceptable

3. Findings and Results

An examination of the demographic findings showed that, of the 230 participants, 115 (50.0%) were women and 115 (50.0%) were men. Regarding educational attainment, 54 participants (24.5%) had a high school diploma or lower level of education, 95 (43.2%) held a bachelor's degree, 50 (22.7%) held a master's degree, and 21 (9.5%) held a doctoral degree. Regarding duration of marriage, 56 participants (25.5%) had been married for less than 10 years, 136 (61.8%) for 10–20 years, and 28 (12.7%) for more than 20 years. Regarding age, 55 participants (25.0%) were younger than 25 years, 49 (22.3%) were aged 26–30 years, 88 (40.0%) were aged 31–40 years, and 28 (12.7%) were older than 41 years. Descriptive indices for the study variables are presented in Table 1.

range of -2 to $+2$, indicating that the assumption of normality was satisfied at the descriptive level. The correlation matrix of the study variables is presented in Table 2.

Table 2

Correlation Matrix of the Study Variables

Variable	1	2	3	4	5	6	7
1. Marital burnout	1						
2. Negative affect	.625**	1					
3. Psychological distress	.566**	.509**	1				
4. Alexithymia	.672**	.622**	.590**	1			
5. Difficulty identifying feelings	.671**	.613**	.587**	.637**	1		
6. Difficulty describing feelings	.522**	.566*	.614**	.642**	.567**	1	
7. Externally oriented thinking	.425**	.149*	.646*	.654*	.508**	.497**	1

The results presented in Table 2 indicate a significant positive relationship between negative affect and marital burnout ($p < .05$); a significant positive relationship between psychological distress and marital burnout ($p < .05$); and a significant positive relationship between alexithymia and

marital burnout ($p < .05$). To evaluate the proposed model, structural equation modeling using the maximum likelihood estimation method was employed. The estimated fit indices for the modified model are presented in Table 3.

Table 3

Estimated Fit Indices for the Modified Model

Fit Index	Observed Value	Critical Value	Fit Status
Chi-square (χ^2)	20.013	—	—
Degrees of freedom (df)	16	—	—
Significance level	.220	$> .05$	Good
χ^2/df	1.251	< 3	Good
Goodness-of-Fit Index (GFI)	.979	$\geq .90$	Good
Comparative Fit Index (CFI)	.997	$\geq .90$	Good
Tucker–Lewis Index (TLI)	.995	$\geq .90$	Good
Normed Fit Index (NFI)	.987	$\geq .90$	Good
Root Mean Square Error of Approximation (RMSEA)	.033	$\leq .08$	Good

According to the results presented in Table 3, following model modification, the fit indices reached satisfactory levels, and the chi-square value was nonsignificant ($p > .05$). The chi-square-to-degrees-of-freedom ratio was 1.251. The Goodness-of-Fit Index (GFI) was .979, the Comparative Fit Index (CFI) was .997, the Normed Fit Index (NFI) was .987, the Tucker–Lewis Index (TLI) was .995, and the Root Mean

Square Error of Approximation (RMSEA) was .033; collectively, these values indicate satisfactory model fit. Therefore, based on the findings, the proposed model demonstrated adequate fit and was capable of explaining the relationships among the study variables. The results of the research hypotheses are presented in Table 4.

Table 4

Direct and Indirect Effects of Negative Affect and Psychological Distress on Marital Burnout

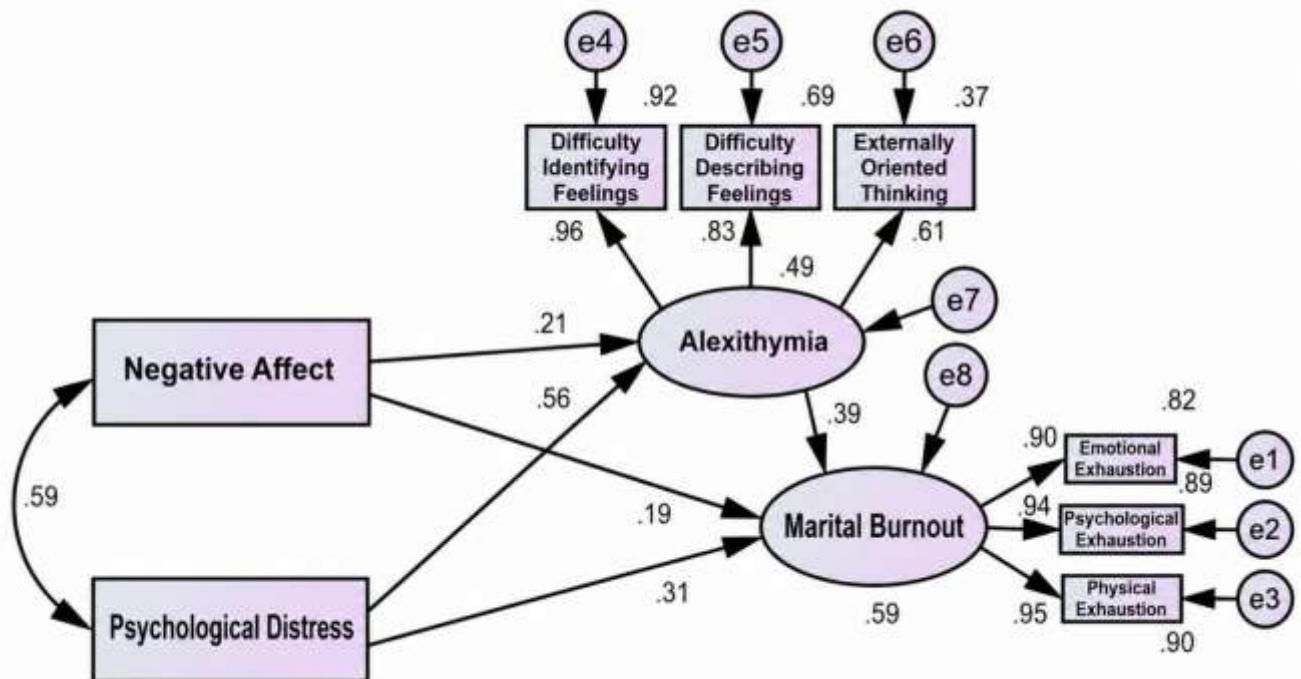
Type of Effect	Unstandardized Estimate	Standardized Estimate	Standard Error	p	Result
Direct effect of negative affect on marital burnout	.143	.186	.078	.011	Supported
Direct effect of psychological distress on marital burnout	.236	.312	.096	.014	Supported
Direct effect of alexithymia on marital burnout	.359	.388	.111	.005	Supported
Direct effect of negative affect on alexithymia	.173	.209	.084	.003	Supported
Direct effect of psychological distress on alexithymia	.455	.559	.074	.001	Supported
Indirect effect of negative affect on marital burnout through alexithymia	.164	.217	.063	.002	Supported
Indirect effect of psychological distress on marital burnout through alexithymia	.062	.081	.048	.014	Supported

According to the results presented in Table 4, the indirect effect of negative affect on marital burnout through alexithymia was significant ($\beta = .217$, $p < .05$); therefore, the research hypothesis stating that alexithymia mediates the relationship between negative affect and marital burnout was supported. The results also indicated that the indirect effect of psychological distress on marital burnout through

alexithymia was significant ($\beta = .081$, $p < .05$); therefore, the research hypothesis stating that alexithymia mediates the relationship between psychological distress and marital burnout was supported. The standardized coefficients of the model predicting marital burnout based on negative affect and psychological distress, with alexithymia as a mediator in couples, are presented in Figure 1.

Figure 1

Standardized coefficients for predicting marital burnout based on negative affect and psychological distress with the mediating role of alexithymia in couples.



4. Discussion

The present study aimed to predict marital burnout based on negative affect and psychological distress and to examine the mediating role of alexithymia in couples. The findings supported the proposed model and demonstrated that negative affect had a significant direct effect on marital burnout, psychological distress had a significant direct effect on marital burnout, and alexithymia had a significant direct effect on marital burnout. In addition, negative affect and psychological distress both had significant direct effects on alexithymia. The mediation analyses further showed that alexithymia significantly mediated the relationships of both negative affect and psychological distress with marital burnout. Collectively, these findings indicate that marital burnout is associated not only with the intensity of negative emotional and psychological experiences but also with individuals' capacity to identify, understand, and communicate those experiences. The satisfactory model-fit indices further suggested that the proposed structural framework provided an adequate representation of the relationships among the study variables.

The first finding indicated that negative affect had a significant positive direct effect on marital burnout. This result is consistent with previous studies reporting that higher negative affect is associated with greater marital burnout and poorer relational functioning (Ghasemi & Ahmadi, 2023; Rezaei, 2020; Rezaei & Mohammadi, 2020). It is also compatible with evidence showing that negative emotional experiences and stress are closely intertwined with couple functioning and can gradually undermine relationship quality (Bodenmann et al., 2020). Negative affect reflects a tendency to experience emotions such as anger, irritability, sadness, anxiety, fear, and guilt more frequently or intensely. Within marriage, persistent negative affect may bias the interpretation of a partner's behavior, increase sensitivity to perceived criticism or rejection, and reduce the likelihood that ambiguous interactions will be interpreted benevolently. Over time, these patterns can generate repetitive cycles of conflict, defensive responding, withdrawal, and emotional disengagement, all of which can contribute to emotional and psychological exhaustion within the relationship.

Another possible explanation is that negative affect reduces partners' ability to benefit from positive relational

experiences. Individuals who experience chronically elevated negative affect may devote greater attention to unpleasant interactions and relational deficiencies while discounting supportive, affectionate, or rewarding experiences. This imbalance can gradually alter the perceived cost-benefit structure of the marital relationship, producing dissatisfaction, hopelessness, and reduced emotional investment. Developmental evidence indicating that difficulties in close interpersonal relationships may contribute to later negative affectivity further suggests that affective vulnerability can become embedded in broader patterns of interpersonal functioning (Allen et al., 2025). In marriage, such vulnerability may be activated by recurring disagreements and unmet expectations. This interpretation is consistent with evidence that marital burnout often develops gradually as emotional resources are depleted and relational expectations are repeatedly frustrated (Alsawalqa, 2019; Bahmani et al., 2017). Accordingly, the direct association observed in the present study can be understood as reflecting the cumulative impact of negatively valenced emotional processing on the quality and sustainability of intimate relationships.

The second finding demonstrated that psychological distress had a significant positive direct effect on marital burnout. This finding is consistent with research indicating that psychological distress predicts marital burnout (Alavi & Rezvan, 2022) and with evidence showing that therapeutic reductions in psychological distress may occur alongside reductions in marital burnout (Farazmand & Ebrahimi, 2018). Psychological distress typically encompasses symptoms such as anxiety, depressed mood, agitation, helplessness, and reduced psychological functioning. These experiences can consume cognitive and emotional resources that would otherwise support adaptive communication, empathy, patience, and problem solving within marriage. When individuals are psychologically distressed, they may have less capacity to respond constructively to a partner's needs, tolerate disagreement, or regulate emotional reactions during conflict. As a result, ordinary relational challenges may become more difficult to manage and may contribute to cumulative exhaustion.

This interpretation is also compatible with research demonstrating that external and contextual stressors may spill over into marital relationships. Stress arising from financial pressures, work demands, caregiving responsibilities, health problems, or broader life circumstances can affect emotional functioning and subsequently alter patterns of interaction between partners

(Neff & Karney, 2020). Research on the mental well-being of spouses exposed to economic strain and marital conflict similarly demonstrates that contextual stressors and relationship difficulties are closely linked (Adnan et al., 2025). In addition, psychological distress following marital trauma may be intensified by contemporary social experiences and patterns of social engagement (Adeyeye, 2023). Thus, distress may not remain confined to the individual; instead, it can become expressed through irritability, withdrawal, reduced responsiveness, pessimism, or conflict escalation, thereby increasing the likelihood of marital burnout. Evidence concerning emotional distress following marital dissolution further indicates that relational stress and emotional dysregulation can remain strongly interconnected even after the relationship itself has ended (Bourassa et al., 2019).

The third finding showed that alexithymia had a significant positive direct effect on marital burnout. This finding is consistent with previous research demonstrating that alexithymia is associated with marital dissatisfaction and relationship burnout (Besharat & Shahidi, 2021; Hosseini & Sharifi, 2021; Marques et al., 2024). It also aligns with evidence connecting alexithymia to adult attachment and impaired relational functioning (Verzeletti et al., 2019). Alexithymia is characterized by difficulty identifying feelings, difficulty describing feelings, and a tendency toward externally oriented thinking. These characteristics can substantially interfere with marital communication because successful intimate relationships require partners to recognize their own emotional states, communicate them accurately, understand their partner's emotions, and negotiate relational needs. When these capacities are impaired, emotional experiences may remain undifferentiated or be communicated indirectly through withdrawal, irritability, somatic complaints, or conflict behavior.

The direct effect of alexithymia on marital burnout may therefore reflect a progressive breakdown in emotional reciprocity. A partner who cannot clearly identify or describe internal experiences may find it difficult to communicate disappointment, loneliness, insecurity, or the need for support. The other partner may consequently receive incomplete or ambiguous emotional information and may respond in ways that fail to meet the underlying need. Repetition of this pattern can generate misunderstanding, frustration, and perceived emotional unavailability. Over time, the resulting lack of emotional connection can contribute to exhaustion and detachment. This explanation is

consistent with findings showing that emotional unawareness is associated with relationship burnout (Marques et al., 2024) and that alexithymia is linked to dissatisfaction in marital relationships (Akbari, 2023). The broader burnout literature also supports this mechanism, as alexithymia has been associated with burnout in parents, teachers, nurses, and students (Bovo et al., 2026; Lin et al., 2023; Mafi et al., 2025; Scarzello & Prino, 2025; Ścigala et al., 2025). These convergent findings suggest that impaired emotional processing may represent a general vulnerability to exhaustion under sustained emotional demands.

The findings further showed that negative affect had a significant positive direct effect on alexithymia. Although alexithymia is often conceptualized as a relatively stable emotional-processing characteristic, it may also interact dynamically with ongoing affective experiences. Individuals who repeatedly experience intense negative emotions may have difficulty differentiating complex emotional states, particularly when emotional activation exceeds their regulatory capacity. Persistent sadness, anger, anxiety, or irritability may become experienced as generalized distress rather than as clearly identifiable emotional states. Over time, this may reinforce difficulties in emotional labeling and expression. The present finding is compatible with evidence showing that negative affect and emotional-regulation difficulties are closely related to maladaptive relational outcomes (Ahmadi & Rajabi, 2022; Ghasemi & Ahmadi, 2023). It is also consistent with research showing that emotion regulation operates at both intrapersonal and interpersonal levels and is associated with affective experience and relationship quality (Battaglini et al., 2025).

A similar pattern emerged for psychological distress, which had a significant positive direct effect on alexithymia. Psychological distress can interfere with reflective functioning by increasing cognitive load, rumination, physiological arousal, and emotional confusion. When individuals experience sustained distress, distinguishing among emotional states may become increasingly difficult, and emotional communication may be replaced by generalized expressions of discomfort or avoidance. This interpretation is consistent with studies showing that stress and alexithymia are interrelated in marital contexts (Akbari, 2023). It is also supported by evidence that emotion-regulation difficulties can emerge from adverse interpersonal experiences and conflict-related cognitive processes (Dumessa et al., 2020). From this perspective, psychological distress may heighten emotional arousal while alexithymia limits the individual's ability to process that

arousal adaptively, creating conditions conducive to dysfunctional relational responses.

One of the most important findings of the study was that alexithymia significantly mediated the relationship between negative affect and marital burnout. This result suggests that negative affect does not influence marital burnout solely through a direct emotional pathway; part of its effect may operate through impaired emotional awareness and expression. In other words, individuals who experience elevated negative affect may be particularly vulnerable to marital burnout when they are unable to identify and communicate their emotions effectively. This finding is consistent with research demonstrating that emotion-regulation difficulties mediate the relationship between stress and marital burnout (Ahmadi & Rajabi, 2023). It also accords with findings indicating that interpersonal and intrapersonal emotion-regulation processes are associated with relationship closeness and quality (Battaglini et al., 2025). The mediating role identified here extends these findings by highlighting alexithymia as a more specific emotional-processing mechanism.

This indirect pathway may be explained through escalating communication difficulties. Negative affect can increase the intensity of emotional reactions during marital interactions, but if those reactions cannot be accurately labeled, understood, or expressed, they may be communicated behaviorally rather than verbally. For example, fear may be expressed as criticism, sadness as withdrawal, or insecurity as anger. Such mismatches between underlying emotional states and observable behavior make it more difficult for partners to respond empathically. Repeated cycles of miscommunication can increase perceived rejection and relational dissatisfaction, ultimately contributing to burnout. The actor-partner literature similarly shows that emotion dysregulation can mediate the effects of stress on marital satisfaction and can influence both partners within the relationship (Wu et al., 2025). Therefore, the pathway from negative affect through alexithymia to marital burnout is theoretically plausible within a dyadic framework.

The mediating role of alexithymia was also supported in the relationship between psychological distress and marital burnout. This finding is consistent with previous evidence indicating that alexithymia mediates relational dissatisfaction and burnout-related outcomes (Besharat & Shahidi, 2021; Hosseini & Sharifi, 2021). It suggests that psychological distress may become especially harmful to the marital relationship when individuals cannot cognitively

organize and verbally communicate their emotional experiences. Distressed individuals who possess adequate emotional awareness may be able to seek support, explain their needs, and collaborate with their partner in addressing stressors. In contrast, individuals with elevated alexithymia may experience the same distress as undifferentiated discomfort and may respond through avoidance, disengagement, or maladaptive conflict. Thus, alexithymia can be considered a mechanism that converts internal distress into relational dysfunction.

This interpretation is further supported by findings across different burnout contexts. Alexithymia has been associated with parental burnout, and its effects may operate alongside other relational resources such as perceived social support (Lin et al., 2023). Structural models have also demonstrated links among alexithymia, attachment, and burnout (Ścigala et al., 2025). In occupational populations, alexithymia has similarly been associated with burnout risk (Bovo et al., 2026; Scarzello & Prino, 2025). Although these contexts differ from marriage, they share the characteristic of prolonged emotional demands. Individuals who cannot adequately identify and process internal emotional states may have fewer adaptive resources for managing chronic stress, making exhaustion more likely. The present findings suggest that the same mechanism may operate within marriage, where sustained emotional reciprocity and communication are fundamental to relationship maintenance.

The results also have implications for understanding marital burnout as a systemic rather than purely individual phenomenon. Marital functioning is inherently dyadic, and the emotional characteristics of one spouse can influence the other partner's psychological state and behavior. Stress, affective responses, and emotion regulation can be transmitted across partners, creating reciprocal cycles of escalation or support (Bodenmann et al., 2020; Wu et al., 2025). Cross-cultural research also demonstrates that conflict-negotiation styles are associated with marital burnout and that these associations may vary according to gender and social context (Obioma et al., 2025). Therefore, although the present model assessed psychological variables at the individual level, their consequences likely emerge through repeated interpersonal exchanges. Elevated negative affect, distress, and alexithymia may contribute to patterns of criticism, withdrawal, avoidance, or emotional unavailability that gradually become characteristics of the relationship itself.

The findings are also consistent with broader evidence that marital dissatisfaction and relational deterioration can have consequences extending beyond the couple. Poor marital functioning has been associated with adverse psychosocial and health outcomes (Pengpid et al., 2025), and relationship quality has been linked to sleep-related outcomes (Wang et al., 2025). Furthermore, marital satisfaction may influence children's behavioral outcomes through parental and child psychological distress (Wang et al., 2024). These findings emphasize that marital burnout should not be viewed merely as dissatisfaction within the couple but as a potentially consequential condition affecting multiple domains of family functioning. Preventing or reducing burnout may therefore contribute to broader psychological and family well-being.

From an intervention perspective, the mediating role of alexithymia is particularly important because emotional awareness appears to be modifiable. A systematic review has shown that psychological interventions can produce improvements in alexithymia-related difficulties (Tsubaki & Shimizu, 2024). This suggests that marital interventions focusing on identifying emotional states, expanding emotional vocabulary, distinguishing primary from secondary emotions, and improving communication of emotional needs may weaken the pathway from negative affect and psychological distress to marital burnout. This interpretation is consistent with research emphasizing the role of emotion-regulation difficulties in marital burnout (Ahmadi & Rajabi, 2022; Kocyigit & Uzun, 2025) and with preventive approaches based on the lived experiences of couples who have become disillusioned with married life (Fatemi et al., 2025). It also supports conceptualizing marital burnout as potentially preventable when emotional vulnerabilities are identified and addressed before they become entrenched.

The findings can additionally be understood within the broader literature on marital satisfaction and relational adaptation. Contemporary research indicates that marital outcomes emerge from complex combinations of emotional, interpersonal, and contextual factors rather than from isolated predictors (Destiani et al., 2026). Lifestyle characteristics and behavioral patterns can contribute to marital burnout (Amrei Barchalouei et al., 2021), whereas stress, emotional regulation, conflict negotiation, and social support may determine whether relational difficulties intensify or are successfully managed (Adnan et al., 2025; Obioma et al., 2025). The present study contributes to this literature by demonstrating that negative affect and

psychological distress are directly associated with marital burnout while also exerting indirect effects through alexithymia. Accordingly, alexithymia appears to represent a psychologically meaningful bridge connecting general emotional vulnerability to a specific form of relational exhaustion.

5. Conclusion

Overall, the present findings support a process-oriented understanding of marital burnout. Negative affect and psychological distress appear to increase vulnerability to burnout both directly and through their association with impaired emotional identification and expression. The findings suggest that spouses who experience frequent negative emotions or psychological distress may be at particular risk when they cannot adequately understand and articulate what they feel. Under such circumstances, emotional discomfort may remain unresolved, communication may become less effective, and relational stress may accumulate. This pattern is compatible with previous evidence concerning negative affect, psychological distress, emotional dysregulation, alexithymia, and burnout across marital and nonmarital settings (Barnett & Ruiz, 2018; Besharat & Shahidi, 2021; Marques et al., 2024). Consequently, the study extends existing research by integrating these constructs within a single structural model and demonstrating the mediating contribution of alexithymia to the development of marital burnout.

The present study had several limitations that should be considered when interpreting its findings. First, the correlational and cross-sectional design does not permit causal conclusions regarding the relationships among negative affect, psychological distress, alexithymia, and marital burnout. Second, the data were obtained using self-report questionnaires, which may be influenced by social desirability, response biases, limited introspective accuracy, or participants' temporary emotional states. Third, the sample was drawn from couples in Yazd who had active records in treatment or counseling centers, which may restrict the generalizability of the findings to couples in the general population, couples from other geographical regions, or individuals who have not sought professional services. Fourth, although both women and men participated in equal numbers, the study did not explicitly analyze actor-partner effects or examine whether the proposed pathways differed according to sex, duration of marriage, age, socioeconomic status, presence of children, or other family

characteristics. Finally, other potentially relevant variables, such as attachment style, marital conflict, social support, personality traits, coping strategies, and emotion-regulation strategies, were not included in the model.

Future studies should employ longitudinal designs to determine the temporal ordering of negative affect, psychological distress, alexithymia, and marital burnout and to clarify whether alexithymia prospectively predicts changes in relationship exhaustion. Dyadic designs, particularly actor-partner interdependence models, are recommended to examine how one partner's emotional characteristics influence both personal and partner outcomes. Future research should also recruit larger and more diverse community samples from different cultural and socioeconomic settings to improve generalizability. Examining possible sex differences and testing moderating variables such as duration of marriage, number of children, attachment security, conflict-management style, perceived social support, and economic strain could provide a more comprehensive account of marital burnout. Experimental and intervention studies are also needed to determine whether reductions in alexithymia or improvements in emotional awareness produce corresponding reductions in marital burnout. Combining self-report measures with behavioral observations, partner reports, clinical interviews, or physiological indicators of emotional arousal would further strengthen the validity of future findings.

The findings suggest that clinicians and marriage counselors should assess emotional awareness and expression alongside negative affect and general psychological distress when evaluating couples at risk of marital burnout. Couple-based interventions may benefit from incorporating exercises that help partners identify and label emotions, distinguish primary from secondary emotional reactions, communicate emotional needs clearly, and respond empathically to each other's distress. Psychoeducation can also help couples recognize how chronic stress and negative affect may spill over into the relationship and become expressed through criticism, withdrawal, irritability, or emotional detachment. Preventive programs should ideally target these processes before severe burnout develops and should emphasize emotion-regulation skills, constructive conflict management, mutual support, and restoration of positive relational experiences. When one or both partners display substantial psychological distress, integrated treatment addressing both individual symptoms and couple interaction patterns may be particularly useful.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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