

Effectiveness of Compassion-Focused Therapy on Marital Burnout Among Couples with Marital Conflict

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ABSTRACT

The present study aimed to investigate the effectiveness of Compassion-Focused Therapy (CFT) in reducing marital burnout among couples experiencing marital conflict in Bandar Abbas, Iran, through online treatment sessions. This applied study employed a two-group quasi-experimental design comprising an experimental group and a control group. The sample consisted of 30 couples, with 15 couples assigned to each group, who were recruited through convenience sampling in an online setting. Data were collected using the Marital Conflict Questionnaire developed by Barati (1996) and the Couple Burnout Measure developed by Pines (1996). The intervention was implemented based on Gilbert's Compassion-Focused Therapy protocol. Data were analyzed using multivariate analysis of covariance (MANCOVA) and the Bonferroni post hoc test in SPSS version 24. The results indicated that Compassion-Focused Therapy had a statistically significant effect on reducing marital burnout. Accordingly, CFT can be considered an effective therapeutic approach for improving marital relationships among couples experiencing marital conflict.

Keywords: *Compassion-Focused Therapy, marital burnout, marital conflict.*

1. Introduction

Marital relationships constitute one of the most influential interpersonal contexts in adult life and can substantially affect psychological well-being, emotional stability, social functioning, and overall quality of life.

Although marriage may provide intimacy, emotional security, companionship, and a sense of belonging, it can also become a source of persistent psychological strain when spouses are unable to manage interpersonal differences effectively. Marital conflict generally refers to recurrent disagreements, incompatibilities, negative interaction

patterns, emotional tension, ineffective communication, and behavioral exchanges that impair the quality of the marital relationship. When such conflicts become chronic, they may gradually undermine affection, mutual trust, intimacy, and cooperation between partners, ultimately leading to emotional disengagement and deterioration in marital functioning. Couples who experience unresolved marital conflict may increasingly rely on maladaptive communication strategies such as criticism, avoidance, defensiveness, emotional withdrawal, hostility, and retaliatory behavior, which can further intensify relational distress. In this context, psychological processes that facilitate emotional regulation, empathy, acceptance, and nonjudgmental understanding are especially important for maintaining constructive couple interactions. Research has indicated that self-compassion may play an important role in the way couples respond to conflict and relational stress, particularly because it is associated with more adaptive coping responses and a greater capacity to manage difficult interpersonal experiences without becoming overwhelmed by self-criticism, shame, or emotional reactivity (Al-Takhaina, 2024). Likewise, self-compassion and openness have been associated with greater relationship satisfaction, suggesting that compassionate attitudes toward the self may facilitate healthier interpersonal functioning and more adaptive engagement within intimate relationships (Williams & Baptist, 2023).

One of the serious psychological consequences of prolonged marital conflict is marital burnout. Marital burnout can be understood as a progressive state of physical, emotional, and psychological exhaustion arising from persistent relational demands, unmet expectations, repetitive interpersonal stressors, and a perceived imbalance between emotional investment and relational rewards. Unlike transient dissatisfaction, marital burnout reflects a more pervasive erosion of emotional energy and commitment to the relationship. Individuals experiencing marital burnout may report chronic fatigue, reduced emotional responsiveness toward their spouse, feelings of hopelessness regarding the relationship, diminished intimacy, loss of enthusiasm, irritability, and a growing sense of psychological detachment. Over time, these experiences can interfere with emotional closeness, sexual functioning, communication, parenting cooperation, and the ability of spouses to perceive the relationship as supportive or meaningful. The existence of marital burnout among couples experiencing chronic conflict has therefore become an important focus of psychological intervention. Evidence

from intervention research suggests that compassion-oriented treatments may be particularly relevant in this area. Emadifar et al. found that Compassion-Focused Therapy was effective in addressing marital burnout among women, highlighting the potential of compassion-based processes for reducing the emotional and psychological depletion associated with distressed marital relationships (Emadifar et al., 2023). Similarly, recent findings have indicated that Compassion-Focused Therapy may contribute to modifying insecure attachment-related patterns among married women experiencing marital boredom, suggesting that compassion-based intervention can affect deeper relational and emotional mechanisms associated with disengagement and exhaustion in marriage (Ashrafi et al., 2025).

Marital burnout does not develop solely because couples encounter conflict; rather, the manner in which individuals interpret, regulate, and respond to conflict appears to determine whether relational difficulties become manageable challenges or persistent sources of exhaustion. Emotional dysregulation, low distress tolerance, rigid cognitive patterns, self-blame, harsh self-criticism, and inability to respond compassionately to personal or relational failures can all intensify the subjective burden of marital conflict. In distressed couples, negative emotional states may become mutually reinforcing, such that one partner's criticism or withdrawal triggers heightened emotional arousal in the other, leading to further defensive reactions and escalating dissatisfaction. Under these circumstances, interventions aimed only at surface-level behavioral change may be insufficient unless they also modify the underlying emotional and cognitive processes that sustain negative interaction cycles. Research has shown that compassion-based interventions can enhance emotional regulation and marital quality in couples experiencing conflict (Khan Mohammadi & Mahdiniya Ari, 2023). In addition, compassion-focused group therapy has been reported to improve conflict resolution strategies and reduce difficulties in emotion regulation among couples with marital conflict, indicating that compassion may facilitate both intrapersonal and interpersonal regulatory capacities (Pazhuhandeh et al., 2023). These findings are theoretically important because marital burnout is likely to be maintained not only by the frequency of conflict but also by the inability of spouses to regulate the emotions generated by repeated relational tension.

Compassion-Focused Therapy is particularly relevant to marital distress because it is designed to reduce excessive self-criticism, shame, threat sensitivity, and maladaptive

emotional responses while strengthening feelings of safeness, warmth, acceptance, and supportive self-relating. Within a compassionate framework, individuals learn to recognize distress without automatically responding with blame, avoidance, or hostility. They are encouraged to develop a more balanced understanding of their own difficulties and those of others, which may reduce rigid judgment and promote more constructive relational responses. In marital contexts, the ability to acknowledge one's own emotional pain without self-attack may reduce the tendency to externalize distress through criticism, accusation, or defensive behavior toward a spouse. Similarly, greater self-compassion may increase tolerance for relational imperfection and facilitate the expression of empathy during conflict. Studies examining marital functioning have supported these mechanisms. Alizadeh et al. demonstrated that self-compassion is involved in the broader psychological processes associated with marital adjustment and interacts with constructs such as psychological flexibility and marital self-regulation (Alizadeh et al., 2023). Moreover, compassion-focused interventions have been shown to improve cognitive flexibility, intimacy, and the quality of marital relationships among women experiencing marital conflict (Karimifar & Farahani, 2023). These findings suggest that compassion may operate as a multidimensional psychological resource that helps couples disengage from rigid negative cycles and adopt more adaptive patterns of self-regulation and interpersonal responsiveness.

Another important pathway through which compassion may reduce marital burnout concerns psychological flexibility and the ability to tolerate distressing emotional experiences. Couples with chronic marital conflict often become caught in repetitive patterns of avoidance, rumination, blame, and emotional escalation. When individuals interpret relational distress as intolerable, threatening, or indicative of personal failure, they may respond by attempting to suppress emotions, withdraw from communication, or attack the perceived source of distress. Compassion-focused interventions may counteract these processes by enabling participants to approach difficult emotions with greater acceptance and less threat-based reactivity. Comparative intervention studies have demonstrated that Compassion-Focused Therapy can improve distress tolerance and self-compassion in women who have experienced marital infidelity, a context characterized by intense emotional pain and relational insecurity (Karami et al., 2024). Similar findings have been

reported in work comparing Cognitive Behavioral Therapy and Compassion-Focused Therapy, where compassion-based treatment produced meaningful improvements in distress tolerance and self-compassion among women with marital infidelity experiences (Karami, 2024). These results are particularly relevant to marital burnout because increased distress tolerance may prevent difficult relational experiences from producing sustained emotional depletion, while greater self-compassion may reduce secondary distress caused by self-criticism, shame, and perceived inadequacy.

The capacity for forgiveness and the restoration of relational trust are also closely related to compassionate functioning in intimate relationships. Although forgiveness does not imply ignoring harmful behavior, it can involve reducing persistent resentment, hostile rumination, and retaliatory emotional responses that may prolong marital distress. Compassion may support this process by helping individuals view both themselves and their partners within a broader framework of human vulnerability and imperfection. Research has shown that compassion is associated with greater willingness to forgive marital infidelity, suggesting that compassionate orientations may facilitate adaptive processing of relational injury (Sharma & Mishra, 2024). Consistent with this view, compassion-focused couple therapy has been found to improve forgiveness and marital quality of life among women affected by marital infidelity (Haghighi Shokoohi et al., 2024). Furthermore, Compassion-Focused Therapy has demonstrated positive effects on negative meta-emotions and sexual self-efficacy in women affected by extramarital relationships, indicating that compassion-based interventions may extend beyond emotional regulation to influence sexual and relational self-perceptions that are often compromised in distressed partnerships (Mardani & Tabaghdehi, 2025). These findings suggest that compassion can influence several domains that are directly relevant to marital burnout, including emotional recovery, trust-related processes, self-perception, and relational resilience.

An additional strength of compassion-based approaches is that they can be integrated with or compared against other evidence-based psychological interventions for marital distress. Acceptance and Commitment Therapy, emotion-focused approaches, and positive psychotherapy have also been investigated in populations experiencing marital conflict, and such comparisons provide useful insight into the mechanisms that may be uniquely or particularly responsive to compassion-focused work. For example,

interventions emphasizing acceptance, commitment, and compassion have been shown to improve communication patterns among married women experiencing depression and marital conflict (Mousavi et al., 2023). Similarly, Yaghoobi et al. compared emotion-focused and acceptance-based interventions in women with marital conflict and demonstrated changes in self-compassion, underscoring the centrality of compassion-related processes across different therapeutic frameworks (Yaghoobi et al., 2021). Aghili et al. further reported that compassion-based therapy and positive therapy were effective in improving optimism and life satisfaction among women experiencing conflict during the early years of marriage (Aghili et al., 2023). These findings indicate that compassion may function not only as a direct therapeutic target but also as a cross-cutting mechanism related to psychological well-being, relational adjustment, emotional regulation, and adaptive communication.

Research conducted with couples facing specific forms of adversity has also highlighted the buffering role of compassion. Couples dealing with infertility, infidelity, depression, or other forms of chronic stress often encounter elevated emotional burdens that can exacerbate existing marital tensions. In such circumstances, self-compassion may help individuals tolerate uncertainty, regulate negative affect, and remain psychologically engaged in the relationship despite adversity. Mancini and Bonanno emphasized the role of self-compassion as a buffer against distress among couples confronting difficult life circumstances, supporting the broader resilience-enhancing function of compassion in intimate relationships (Mancini & Bonanno, 2024). Similarly, Yadollahi et al. found that both acceptance- and commitment-based counseling and compassion-focused approaches could improve emotional regulation and marital relationship quality among infertile women, a population frequently exposed to substantial relational and psychological stress (Yadollahi et al., 2025). Such findings extend the relevance of Compassion-Focused Therapy beyond ordinary couple dissatisfaction and suggest that it may be particularly useful when relational distress is intertwined with chronic emotional adversity.

From a theoretical perspective, compassion may influence marital functioning through several interrelated mechanisms. First, it may decrease self-criticism and shame, thereby lowering the threat activation that often underlies defensive and hostile responses during marital conflict. Second, it may enhance emotional awareness and acceptance, allowing individuals to experience distress without becoming behaviorally dysregulated. Third,

compassion may increase empathic understanding and perspective-taking, thereby reducing polarized interpretations of a partner's behavior. Fourth, compassionate responding may facilitate more flexible and constructive communication, which can interrupt repetitive negative interaction patterns. Fifth, compassion may enhance resilience by enabling individuals to recover more effectively after conflict and relational disappointment. Collectively, these processes could reduce the physical, emotional, and psychological exhaustion characteristic of marital burnout. The empirical literature increasingly supports these pathways, showing that compassion-focused interventions can improve marital quality, emotional regulation, intimacy, conflict management, and relationship adjustment across a range of distressed couple populations (Al-Takhaina, 2024; Karimifar & Farahani, 2023; Khan Mohammadi & Mahdiniya Ari, 2023). The converging evidence therefore suggests that compassion is not merely an individual well-being construct but also an important relational resource.

Despite the growing literature on compassion-based interventions, several issues remain insufficiently addressed. Many previous studies have focused on women rather than couples, have examined specific relational crises such as infidelity or infertility, or have concentrated on outcomes such as self-compassion, forgiveness, communication patterns, marital quality, intimacy, and emotional regulation rather than marital burnout as a primary outcome. Moreover, relatively fewer studies have evaluated Compassion-Focused Therapy specifically among couples with established marital conflict while simultaneously examining the distinct physical, emotional, and psychological components of marital burnout. This distinction is important because marital burnout is multidimensional, and an intervention may affect each component differently. Evidence that Compassion-Focused Therapy influences attachment-related patterns, distress tolerance, emotion regulation, forgiveness, and relationship quality provides a strong rationale for investigating whether these therapeutic effects translate into measurable reductions in the different dimensions of marital burnout (Ashrafi et al., 2025; Haghighi Shokoohi et al., 2024; Mardani & Tabaghdehi, 2025). Furthermore, the increasing use of online psychological interventions creates an additional need to examine whether compassion-focused protocols can be delivered effectively in remote formats to couples experiencing relational distress.

The relevance of such investigation is strengthened by recent findings suggesting that compassion-oriented interventions may contribute to both individual psychological adjustment and dyadic relationship functioning. Improvements in optimism and life satisfaction among women experiencing early marital conflict suggest that compassion may broaden positive psychological resources (Aghili et al., 2023), while associations between self-compassion and relationship satisfaction indicate that compassionate self-relating may influence the quality of ongoing couple interactions (Williams & Baptist, 2023). Likewise, the demonstrated effectiveness of compassion-focused approaches for emotional regulation and marital relationship quality indicates that compassion may function as a clinically meaningful mechanism for reducing the cumulative burden of unresolved relational stress (Yadollahi et al., 2025). When viewed together, these studies suggest that Compassion-Focused Therapy may be especially suitable for couples whose chronic conflict has progressed toward emotional depletion and marital burnout. However, direct examination of this therapeutic approach among couples experiencing marital conflict remains necessary in order to clarify its potential effects on the physical, emotional, and psychological manifestations of burnout.

Accordingly, the present study aimed to investigate the effectiveness of Compassion-Focused Therapy in reducing marital burnout and its physical, emotional, and psychological dimensions among couples experiencing marital conflict in Bandar Abbas.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied research project employing a quasi-experimental pretest–posttest design with an experimental group and a control group. Participants were allocated to two groups: a Compassion-Focused Therapy (CFT) group and a control group. Participants in the experimental group received the Compassion-Focused Therapy intervention, whereas those assigned to the control group received no psychological intervention during the study period. The statistical population consisted of couples experiencing marital conflict in Bandar Abbas, Iran, during the 2024–2025 period. From this population, 30 couples were recruited through convenience sampling conducted in an online setting and assigned to the experimental and control groups, with 15 couples in each group. Participant selection was performed according to predefined inclusion

and exclusion criteria. The inclusion criteria were experiencing marital conflict; an age difference between spouses of at least 3 years and no more than 10 years, because very small or very large age differences between spouses have been considered a potential contributor to marital conflict in previous research; having at least a high school diploma to ensure sufficient ability to understand and complete the questionnaires; being between 25 and 45 years of age so that both younger and middle-aged couples would be represented; and providing informed consent to participate in the study. The exclusion criteria included having an educational level below a high school diploma, concurrent use of psychiatric medications, having a chronic physical illness requiring pharmacological treatment, incomplete completion of the study questionnaires, and voluntary withdrawal from participation at any stage of the research. Data collection was conducted through both library-based and field methods. The library method was used to review the theoretical literature and previous empirical studies relevant to marital conflict, marital burnout, and Compassion-Focused Therapy, whereas the field method was employed to collect the empirical data required for examining the research hypotheses. All participants completed the study measures under comparable conditions before the intervention, and the same measures were administered again after completion of the intervention period.

2.2. Instruments

Couple Burnout Measure. Marital burnout was assessed using the Couple Burnout Measure (CBM), developed by Pines (1996). The instrument is a 20-item self-report questionnaire designed to assess the severity of burnout experienced within an intimate or marital relationship. The measure evaluates three principal components of marital burnout: physical exhaustion, emotional exhaustion, and psychological or mental exhaustion. Items are rated on a seven-point response scale, with higher scores indicating greater levels of burnout within the marital relationship. The scale was adapted from a broader self-report instrument originally developed to assess burnout and was subsequently applied to the assessment of burnout among couples. The measure captures the progressive depletion of physical, emotional, and psychological resources that may occur in distressed intimate relationships and therefore provides an appropriate indicator of the extent to which individuals experience fatigue, emotional depletion, and psychological

disengagement in their marital relationship. Previous psychometric evaluations have demonstrated satisfactory construct validity for the instrument, and reliability coefficients ranging from .84 to .90 have been reported, indicating good internal consistency.

Marital Conflict Questionnaire. Marital conflict was assessed using the Marital Conflict Questionnaire developed by Barati (1996). The questionnaire consists of 42 closed-ended items and is designed to assess different manifestations of conflict and dysfunction within marital relationships. The instrument evaluates eight dimensions of marital conflict, including decreased cooperation between spouses, decreased sexual relations, increased emotional reactions, increased attempts to obtain the support of children during marital disputes, increased individual relationships with one's own relatives, decreased family relationships with the spouse's relatives and mutual friends, separation of financial affairs, and decreased effective communication between spouses. These dimensions collectively reflect behavioral, emotional, interpersonal, familial, financial, and communicative manifestations of marital discord. The questionnaire is particularly useful for identifying the extent to which conflict has affected different domains of marital functioning rather than assessing conflict solely as a unitary construct. Higher scores represent greater marital conflict and greater disturbance in the quality of the marital relationship. The internal consistency of the questionnaire has been reported as acceptable, with a Cronbach's alpha coefficient of .73.

2.3. *Intervention*

The experimental group participated in a Compassion-Focused Therapy intervention based on the therapeutic framework developed by Gilbert (2010, 2014). The intervention was delivered online in eight 60-minute sessions. The first session focused on establishing rapport, introducing participants to the therapeutic program, explaining the principles and relevance of compassion-focused work to psychological and interpersonal functioning, and administering the pretest under standardized conditions. The second session introduced the principal components of self-compassion and emphasized the importance of developing a compassionate mind; participants were helped to identify how compassionate and self-critical patterns were manifested in their thoughts, emotions, and marital interactions. The third session concentrated on cultivating self-compassion and developing

feelings of warmth, kindness, and understanding toward oneself, while also reviewing exercises assigned in the previous session. The fourth session focused on self-awareness and the identification of self-critical processes. Participants were encouraged to examine their own personality characteristics and behavioral tendencies from the perspective of compassionate versus non-compassionate responding, and they were introduced to exercises designed to cultivate a compassionate mind, including safe-place imagery. The fifth session emphasized nonjudgmental awareness of emotional experiences. Participants practiced becoming fully aware of their thoughts and feelings and accepting them without excessive evaluation, avoidance, or self-criticism. The sixth session introduced different forms and methods of expressing compassion. Participants practiced constructing a compassionate image of the self and were trained in verbal compassion, behavioral or action-based compassion, situational compassion, and sustained compassionate responding, with particular emphasis on applying these skills to everyday life and marital interactions. The seventh session focused on techniques for expressing compassion toward oneself and others, including the use of compassionate letter writing as a method for developing a supportive and nonjudgmental internal dialogue and enhancing compassionate interpersonal communication. The eighth and final session consisted of a comprehensive review and integration of the material covered during the preceding seven sessions. Participants discussed the skills acquired throughout the intervention, reviewed their experiences with the exercises, and were encouraged to continue applying compassionate strategies in their personal and marital lives. At the end of the session, participants completed the posttest under conditions comparable to those used during the pretest assessment. The control group did not receive the Compassion-Focused Therapy intervention during the corresponding study period.

2.4. *Data analysis*

The experimental group participated in a Compassion-Focused Therapy intervention based on the therapeutic framework developed by Gilbert (2010, 2014). The intervention was delivered online in eight 60-minute sessions. The first session focused on establishing rapport, introducing participants to the therapeutic program, explaining the principles and relevance of compassion-focused work to psychological and interpersonal functioning, and administering the pretest under

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the use of compassionate letter writing as a method for developing a supportive and nonjudgmental internal dialogue and enhancing compassionate interpersonal communication. The eighth and final session consisted of a comprehensive review and integration of the material covered during the preceding seven sessions. Participants discussed the skills acquired throughout the intervention, reviewed their experiences with the exercises, and were encouraged to continue applying compassionate strategies in their personal and marital lives. At the end of the session, participants completed the posttest under conditions comparable to those used during the pretest assessment. The control group did not receive the Compassion-Focused Therapy intervention during the corresponding study period.

3. Findings and Results

Initial examination of marital conflict scores showed that the mean marital conflict score was 138.37 in the Compassion-Focused Therapy group and 140.50 in the control group. These values indicated relatively high levels of marital conflict in both groups at baseline, confirming that participants in both conditions were experiencing substantial marital difficulties prior to the intervention. The similarity of the baseline marital conflict means also suggested that the two groups were relatively comparable in terms of the severity of marital conflict before the implementation of Compassion-Focused Therapy.

Table 1

Descriptive Statistics for Marital Burnout and Its Subscales by Group and Measurement Time

Group	Variable/Subscale	Pretest M	Pretest SD	Posttest M	Posttest SD
Compassion-Focused Therapy	Physical exhaustion	31.90	4.54	26.87	4.49
	Emotional exhaustion	36.53	5.48	31.93	5.08
	Psychological exhaustion	36.57	6.33	30.17	5.47
	Total marital burnout	105.00	9.13	88.97	8.17
Control	Physical exhaustion	32.33	4.37	32.03	4.28
	Emotional exhaustion	38.17	4.73	36.03	4.49
	Psychological exhaustion	35.83	6.04	34.50	5.75
	Total marital burnout	106.33	8.40	102.57	8.25

As shown in Table 1, the mean total marital burnout score in the Compassion-Focused Therapy group decreased from 105.00 (SD = 9.13) at pretest to 88.97 (SD = 8.17) at posttest, whereas the corresponding mean in the control group decreased only from 106.33 (SD = 8.40) to 102.57 (SD = 8.25). A similar pattern was observed across all three components of marital burnout. In the intervention group,

mean physical exhaustion decreased from 31.90 to 26.87, emotional exhaustion decreased from 36.53 to 31.93, and psychological exhaustion decreased from 36.57 to 30.17. In contrast, substantially smaller reductions were observed in the control group, with physical exhaustion changing from 32.33 to 32.03, emotional exhaustion from 38.17 to 36.03, and psychological exhaustion from 35.83 to 34.50. Overall,

the descriptive findings indicated a greater reduction in marital burnout and all its dimensions among participants who received Compassion-Focused Therapy compared with those in the control group.

Before conducting the covariance analysis, the relevant statistical assumptions were examined. The normality of marital burnout scores was assessed using the Shapiro–Wilk test. The results indicated that marital burnout scores were normally distributed at both pretest, $W = .988$, $p = .584$, and posttest, $W = .989$, $p = .679$. Because both significance values exceeded .05, the assumption of normality was

satisfied. Homogeneity of error variances was examined using Levene's test, which was nonsignificant for marital burnout, $F(2, 87) = 0.873$, $p = .421$, indicating equality of error variances across the groups. Equality of the covariance matrices was also assessed using Box's M test. The result was nonsignificant, Box's $M = 0.648$, $F(6, 24373.132) = 0.102$, $p = .996$, demonstrating that the covariance matrices could be considered homogeneous. Accordingly, the assumptions required for covariance-based multivariate analysis were adequately satisfied, and the inferential analyses were subsequently conducted.

Table 2

Analysis of Covariance for the Effect of Compassion-Focused Therapy on Dimensions of Marital Burnout

Source	Dependent Variable	SS	df	MS	F	p	Partial η^2
Group	Physical exhaustion	390.677	1	390.677	19.352	< .001	.260
	Emotional exhaustion	167.257	1	167.257	8.664	.005	.136
	Psychological exhaustion	345.690	1	345.690	11.411	.001	.172
Error	Physical exhaustion	1110.345	55	20.188	—	—	—
	Emotional exhaustion	1061.817	55	19.306	—	—	—
	Psychological exhaustion	1666.186	55	30.294	—	—	—
Total	Physical exhaustion	53557.000	—	—	—	—	—
	Emotional exhaustion	70881.000	—	—	—	—	—
	Psychological exhaustion	64840.000	—	—	—	—	—

The results presented in Table 2 demonstrated that, after accounting for baseline scores, Compassion-Focused Therapy had statistically significant effects on all three dimensions of marital burnout. A significant group effect was observed for physical exhaustion, $F(1, 55) = 19.352$, $p < .001$, partial $\eta^2 = .260$, indicating that approximately 26.0% of the variance in posttest physical exhaustion was attributable to group membership after adjustment for baseline differences. The effect of treatment on emotional exhaustion was also statistically significant, $F(1, 55) = 8.664$, $p = .005$, partial $\eta^2 = .136$, corresponding to

approximately 13.6% of the adjusted variance. Similarly, a significant effect was found for psychological exhaustion, $F(1, 55) = 11.411$, $p = .001$, partial $\eta^2 = .172$, indicating that approximately 17.2% of the variance in adjusted posttest scores was associated with the intervention. Among the three dimensions, the largest treatment effect was observed for physical exhaustion. These findings therefore supported the hypothesis that Compassion-Focused Therapy significantly reduces the dimensions of marital burnout among couples experiencing marital conflict.

Table 3

Bonferroni Post Hoc Comparisons of Adjusted Posttest Means Between the Two Groups

Variable	Group	Adjusted M	Comparison Group	Mean Difference	p
Physical exhaustion	Compassion-Focused Therapy	26.857	Control	-5.186	< .001
	Control	32.043	Compassion-Focused Therapy	5.186	< .001
Emotional exhaustion	Compassion-Focused Therapy	32.287	Control	-3.393	.005
	Control	35.680	Compassion-Focused Therapy	3.393	.005
Psychological exhaustion	Compassion-Focused Therapy	29.894	Control	-4.878	.001
	Control	34.772	Compassion-Focused Therapy	4.878	.001

As shown in Table 3, Bonferroni-adjusted pairwise comparisons confirmed significant differences between the

Compassion-Focused Therapy and control groups across all dimensions of marital burnout. For physical exhaustion, the

adjusted mean in the intervention group was 26.857 compared with 32.043 in the control group, yielding a mean difference of -5.186, $p < .001$. For emotional exhaustion, the adjusted mean was 32.287 in the Compassion-Focused Therapy group and 35.680 in the control group, with a significant mean difference of -3.393, $p = .005$. Likewise, psychological exhaustion was significantly lower in the intervention group ($M = 29.894$) than in the control group ($M = 34.772$), with a mean difference of -4.878, $p = .001$. Thus, the post hoc findings were consistent with the covariance analysis and demonstrated that participants receiving Compassion-Focused Therapy reported significantly lower levels of physical, emotional, and psychological exhaustion than participants in the control condition following the intervention. Collectively, these results provide evidence for the effectiveness of Compassion-Focused Therapy in reducing marital burnout among couples experiencing marital conflict.

4. Discussion

The present study investigated the effectiveness of Compassion-Focused Therapy in reducing marital burnout among couples experiencing marital conflict. The findings showed that, after controlling for baseline differences, Compassion-Focused Therapy produced significant reductions in all three dimensions of marital burnout, including physical exhaustion, emotional exhaustion, and psychological exhaustion. The intervention had its largest effect on physical exhaustion, with a partial eta squared of .260, followed by psychological exhaustion with a partial eta squared of .172 and emotional exhaustion with a partial eta squared of .136. Bonferroni-adjusted comparisons further confirmed that participants in the Compassion-Focused Therapy group had significantly lower adjusted posttest scores than those in the control group across all three dimensions. Descriptive findings were consistent with the inferential results, as total marital burnout in the intervention group decreased substantially from pretest to posttest, whereas the control group showed only a comparatively modest reduction. Taken together, these findings indicate that Compassion-Focused Therapy can be an effective psychological intervention for reducing the multidimensional manifestations of marital burnout among couples experiencing persistent marital conflict.

The overall finding that Compassion-Focused Therapy reduced marital burnout is consistent with previous research directly examining compassion-based interventions in

distressed marital populations. Emadifar et al. reported that Compassion-Focused Therapy was effective in reducing marital burnout among women, supporting the proposition that compassion-based work can alleviate the emotional and psychological depletion that develops within chronically stressful marital relationships (Emadifar et al., 2023). The current findings are also in line with Ashrafi et al., who found that Compassion-Focused Therapy was effective in modifying attachment-related patterns among married women experiencing marital boredom (Ashrafi et al., 2025). Because insecure attachment patterns can intensify sensitivity to rejection, increase interpersonal defensiveness, and reduce perceived relational security, improvement in these patterns may help explain why participants in the present study experienced lower levels of marital exhaustion following the intervention. The results are additionally consistent with evidence showing that compassion-focused interventions can improve marital quality and reduce emotional regulation difficulties among couples with marital conflict (Khan Mohammadi & Mahdiniya Ari, 2023). Collectively, these studies suggest that compassion-based interventions may reduce marital burnout by influencing a network of emotional, cognitive, and relational processes rather than acting on one isolated symptom.

One explanation for the reduction in marital burnout is that Compassion-Focused Therapy directly targets self-criticism, shame, threat sensitivity, and emotionally reactive coping, all of which can intensify marital conflict and perpetuate burnout. Couples exposed to repeated conflict may gradually develop rigid negative interpretations of themselves and their partners, and these interpretations may lead to cycles of blame, withdrawal, hostility, and emotional disengagement. Compassion-Focused Therapy helps individuals recognize distressing thoughts and emotions without immediately responding through self-attack or defensive behavior. By cultivating warmth, acceptance, and a more supportive internal dialogue, participants may become less reactive during interpersonal tension and better able to tolerate relational discomfort. This interpretation is supported by studies showing that compassion-oriented interventions improve emotion regulation and conflict resolution. Pazhuhandeh et al. found that Compassion-Focused Group Therapy improved conflict resolution strategies and reduced emotion regulation difficulties among couples with marital conflict (Pazhuhandeh et al., 2023). Similarly, Mousavi et al. reported that compassion-focused approaches were effective in improving communication patterns among married women with depression and marital

conflict (Mousavi et al., 2023). These findings suggest that reduced burnout may partly result from improved capacity to manage emotional arousal and communicate more constructively during marital disagreements.

The significant reduction in physical exhaustion is particularly noteworthy because this dimension demonstrated the largest effect size in the present study. Physical exhaustion in marital burnout may reflect the cumulative physiological and somatic burden of prolonged interpersonal stress, including fatigue, tension, sleep disruption, reduced vitality, and a general sense of bodily depletion. Chronic marital conflict can sustain threat-related activation and increase psychological strain, which may eventually manifest as physical tiredness and diminished energy. Compassion-Focused Therapy may reduce this burden by strengthening internal experiences of safeness and reducing persistent threat monitoring. The intervention used in the present study included compassionate imagery, awareness of thoughts and feelings without judgment, and the cultivation of warmth and kindness toward oneself. Such practices may reduce sustained physiological arousal and enable participants to respond to distress with less tension and resistance. The finding is compatible with research indicating that self-compassion can buffer distress under conditions of adversity (Mancini & Bonanno, 2024). If individuals become less overwhelmed by relational difficulties and less likely to interpret conflict as an intolerable personal threat, the physical burden associated with chronic marital distress may also diminish.

The observed reduction in emotional exhaustion is likewise consistent with the theoretical mechanisms of Compassion-Focused Therapy. Emotional exhaustion is characterized by depletion of affective resources, reduced emotional availability, irritability, emotional numbness, and difficulty sustaining positive engagement with one's partner. Within conflictual relationships, repeated cycles of anger, disappointment, resentment, and failed attempts at resolution can gradually exhaust emotional resources. Compassion-Focused Therapy may counter this process by encouraging individuals to acknowledge difficult emotions without suppressing them or responding with excessive self-judgment. This process can reduce secondary emotional reactions, such as feeling ashamed of being angry or criticizing oneself for experiencing distress, thereby decreasing the total emotional burden. The present findings align with Mardani and Tabaghdehi, who showed that Compassion-Focused Therapy reduced negative meta-emotions among women affected by extramarital

relationships (Mardani & Tabaghdehi, 2025). They are also consistent with evidence that self-compassion has predictive value in conflict management among couples (Al-Takhaina, 2024). Individuals who can regulate their own emotional responses more effectively may have greater capacity to remain engaged, empathic, and constructive during marital conflict, thereby reducing emotional depletion over time.

Another explanation for the reduction in emotional exhaustion concerns the role of forgiveness, empathy, and reduced hostile rumination. In chronically distressed relationships, emotional burnout can be maintained by repetitive recollection of past injuries, perceived injustice, and persistent resentment. Compassion does not require individuals to deny or minimize harm; rather, it may provide a psychological context in which painful experiences can be processed with less hostility and self-destructive rumination. Sharma and Mishra reported that compassion was associated with greater willingness to forgive infidelity among married couples (Sharma & Mishra, 2024), while Haghighi Shokoohi et al. found that compassion-focused couple therapy improved forgiveness and marital quality of life among women affected by marital infidelity (Haghighi Shokoohi et al., 2024). These findings are relevant to the present results because reductions in resentment and hostile rumination may help restore emotional resources that have been consumed by unresolved marital conflict. As participants become more capable of understanding both their own distress and their partner's limitations through a compassionate perspective, emotional reactions may become less intense and less exhausting.

The reduction in psychological exhaustion observed in the current study may be explained by greater cognitive flexibility, reduced self-criticism, and a less rigid interpretation of marital difficulties. Psychological exhaustion involves mental depletion, hopelessness, reduced motivation, and a sense that continued engagement in the relationship requires excessive psychological effort. Couples experiencing long-standing conflict may develop inflexible beliefs such as viewing disagreements as evidence that the relationship is irreparable or interpreting a partner's behavior in consistently negative terms. Compassion-focused practices can help individuals step back from such rigid appraisals, recognize the universality of human imperfection, and respond to distress from a broader and more balanced perspective. This interpretation is supported by Karimifar and Farahani, who found that compassion-focused training improved cognitive flexibility, intimacy, and the quality of marital relationships among women

experiencing marital conflict (Karimifar & Farahani, 2023). It is also consistent with Alizadeh et al., who identified self-compassion as an important mechanism within a predictive model of marital adjustment involving psychological flexibility and marital self-regulation (Alizadeh et al., 2023). Increased cognitive flexibility may reduce psychological exhaustion by enabling participants to consider alternative interpretations of conflict and perceive change as possible rather than viewing marital distress as fixed and uncontrollable.

The present findings can also be interpreted through the role of distress tolerance. Marital conflict often evokes intense negative emotions, and individuals with low distress tolerance may become quickly overwhelmed, react impulsively, or disengage from communication. Over time, repeated inability to tolerate interpersonal distress may contribute to both burnout and emotional withdrawal. Compassion-Focused Therapy teaches individuals to approach painful internal experiences with kindness and acceptance rather than avoidance or self-attack, which may increase their ability to remain psychologically present during difficult marital interactions. This interpretation is consistent with findings showing that Compassion-Focused Therapy improves distress tolerance and self-compassion among women who have experienced marital infidelity (Karami, 2024; Karami et al., 2024). When participants can remain engaged with distress without escalating or withdrawing, they may experience fewer exhausting cycles of unresolved conflict, which in turn can reduce psychological and emotional burnout.

The results are also consistent with the broader literature linking compassion with improved relational quality and satisfaction. Williams and Baptist found that self-compassion and openness were associated with relationship satisfaction in heterosexual couples (Williams & Baptist, 2023). Aghili et al. similarly reported that compassion-based therapy improved optimism and life satisfaction among women experiencing conflict during the early years of marriage (Aghili et al., 2023). These findings suggest that compassion may not only reduce negative outcomes but also strengthen positive psychological resources that support marital functioning. Increased optimism, openness, and relational satisfaction may help couples perceive their relationship as more manageable and meaningful, thereby reducing the sense of exhaustion associated with chronic conflict. In this way, the effects observed in the present study may reflect both a reduction in maladaptive processes and an increase in adaptive psychological resources.

Another important implication concerns the possible effect of Compassion-Focused Therapy on marital self-regulation and interpersonal responsiveness. Successful management of marital conflict requires individuals to regulate their own reactions before they can respond effectively to their partners. Compassionate self-regulation may reduce the need to defend against perceived criticism, increase awareness of emotional triggers, and facilitate more deliberate responses. Yadollahi et al. found that a compassion-focused approach improved emotional regulation and marital relationship quality among infertile women (Yadollahi et al., 2025). Yaghoobi et al. also demonstrated that interventions targeting emotional and acceptance-based processes can influence self-compassion among women with marital conflict (Yaghoobi et al., 2021). These findings support the interpretation that improvements in self-regulation and compassionate responding may serve as intermediate mechanisms through which marital burnout decreases. When individuals can manage their internal emotional states more effectively, the interpersonal environment is likely to become less threatening and less draining for both partners.

The online format of the intervention may also be clinically relevant. Although the present study did not directly compare online and face-to-face delivery, the significant reductions observed across all three dimensions of marital burnout suggest that core Compassion-Focused Therapy processes can be effectively implemented through online sessions. Remote delivery may offer practical advantages for couples who face geographical, scheduling, privacy, or transportation barriers to attending in-person therapy. The structured nature of compassion-focused exercises, including guided imagery, compassionate self-talk, emotional awareness, and letter writing, may make them particularly suitable for remote delivery because they can be practiced both during and between sessions. Given the demonstrated effectiveness of compassion-focused approaches across diverse marital difficulties, including infidelity, infertility, depression, communication problems, and general marital conflict (Haghighi Shokoohi et al., 2024; Mousavi et al., 2023; Yadollahi et al., 2025), the present findings extend the literature by indicating that an online intervention may also be useful for reducing marital burnout in couples experiencing conflict.

5. Conclusion

Overall, the findings support the conceptualization of marital burnout as a multidimensional outcome that may be responsive to interventions targeting self-criticism, threat regulation, emotional acceptance, and compassionate interpersonal functioning. Compassion-Focused Therapy appears to reduce the physical, emotional, and psychological burden associated with chronic marital conflict by helping individuals regulate distress more effectively, adopt a less punitive attitude toward themselves, tolerate difficult emotions, and respond to interpersonal challenges with greater flexibility and warmth. The consistency of the present results with previous studies on marital burnout, emotion regulation, conflict resolution, forgiveness, distress tolerance, cognitive flexibility, communication patterns, relationship satisfaction, and marital quality strengthens the conclusion that compassion is a clinically meaningful therapeutic target in distressed couples (Emadifar et al., 2023; Karimifar & Farahani, 2023; Mancini & Bonanno, 2024; Pazhuhandeh et al., 2023). The larger effect observed for physical exhaustion further suggests that reducing chronic threat and stress activation may be a particularly important pathway through which Compassion-Focused Therapy benefits couples experiencing prolonged marital conflict.

The findings of this study should be interpreted in light of several limitations. First, participants were selected using convenience sampling, which limits the generalizability of the findings to all couples experiencing marital conflict. Second, the sample size was relatively small, which may reduce statistical power and restrict the ability to examine subgroup differences based on variables such as gender, duration of marriage, socioeconomic status, or severity of marital conflict. Third, the study was conducted among couples in Bandar Abbas, and cultural and contextual characteristics of the sample may limit the applicability of the findings to couples in other geographical or sociocultural settings. Fourth, the intervention was delivered online, and individual differences in internet access, privacy, engagement, and familiarity with online communication may have influenced participation. Fifth, the study relied primarily on self-report questionnaires, which may be affected by social desirability, recall bias, or subjective interpretation. Finally, the absence of a follow-up assessment prevented determination of whether the observed improvements in marital burnout were maintained over time.

Future studies should replicate the present research using larger and more diverse samples recruited through probability-based or multisite sampling methods. Researchers are encouraged to include longer follow-up periods to evaluate the durability of treatment effects and to determine whether improvements in marital burnout are maintained after the intervention ends. Future investigations could also compare Compassion-Focused Therapy with other established couple interventions, such as cognitive-behavioral couple therapy, emotion-focused couple therapy, Acceptance and Commitment Therapy, or integrative behavioral couple therapy. Examining potential mediators and moderators would also be valuable; variables such as self-compassion, emotion regulation, attachment style, forgiveness, psychological flexibility, distress tolerance, and communication patterns may explain for whom and through what mechanisms the intervention is most effective. Additional research could compare online and face-to-face formats and investigate whether therapist-guided digital interventions produce effects comparable to conventional sessions. Dyadic analyses that assess both partners simultaneously would further strengthen understanding of how changes in one spouse influence the psychological and relational functioning of the other.

Marriage and family counselors, clinical psychologists, and couple therapists may consider incorporating Compassion-Focused Therapy techniques into interventions for couples experiencing persistent marital conflict and burnout. Therapeutic programs can emphasize reducing harsh self-criticism, recognizing threat-based emotional reactions, cultivating compassionate self-talk, practicing nonjudgmental emotional awareness, and developing compassionate responses toward partners during conflict. Safe-place imagery, compassionate imagery, compassionate letter writing, and structured exercises for expressing warmth and understanding may be incorporated into couple counseling programs. Because the intervention in the present study was delivered online and produced significant improvements, counseling centers may also consider providing structured online compassion-focused programs for couples who cannot easily access face-to-face services. Practitioners should nevertheless tailor the intervention to the severity of marital distress, the couple's communication patterns, and the presence of other psychological or relational problems, and should integrate compassion-focused techniques within a broader assessment of the couple's needs.

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

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