Original Research

Investigating the Effect of Mindfulness-Based Cignitive Therapy on Efficacy, Alexithymia and Obsessive Beliefs in Women with Conflict of Marital

Atefeh Doroshi[1*]

1. Master of General Psychology, Khorasgan Azad University, Esfahan, Iran. **Orcid:** 0009-0003-2896-6683

*__Corresponding Author:__ Atefeh Doroshi. Master of General Psychology, Khorasgan Azad University, Esfahan, Iran. **Email:** atefe.dorvash@gmail.com

Abstract

Background: The purpose of this study was to investigate the effectiveness of cognitive therapy based on mindfulness on efficacy, alexithymia and obsessive beliefs in marital conflicts.

Methods: The research method used in this research was quasi-experimental design. The statistical population consisted of all clients in the Isfahan Counseling Center (2017-2018), which was selected through sampling method for 30 women. The research instruments included marital conflicts questionnaire Sanei and Barati (2018), Toronto Ataxia Scale (TAS-20) (1996), Obsessive Beliefs Questionnaire OBQ-44 and Sherer Self-Efficacy Questionnaire (1982). Then, by random sampling, two groups of 15 were divided into experimental and control groups. In order to determine the efficacy of cognitive-based cognitive-based cognitive therapy, these questionnaires were re-launched. After data collection, the results were analyzed using covariance analysis.

Results: The results of this research indicate that cognitive therapy based on mindfulness has a significant effect on efficacy, alexithymia, and obsessive beliefs in women with marital conflicts.

Conclusion: It is recommended to hold classes to increase marital conflict resolution skills, hold workshops to reduce alexithymia and obsessive beliefs, hold workshops to increase efficacy in order to improve the quality of women's psychological well-being, provide services such as educational books on marital conflict resolution skills, solutions to reduce obsessive beliefs and alexithymia.

Keywords: Marital Conflicts, Obsessive Beliefs, Alexithymia, Efficacy, Cognitive Therapy based on mindfulness.

Submitted: 17 Feb 2024, Revised: 29 March 2024 , Accepted: 29 Apr 2024

[Downloaded from intjmi.com on 2026-11-16]

Introduction

The marital conflict arises from the reaction to individual differences and becomes stronger when emotions such as anger, hostility, resentment, hatred, jealousy, verbal and physical misbehavior dominate the relationships of couples. Conflict is considered as a process during which one of the parties realizes that the other party is suppressing the issues of interest to her/him. (1). Conflict in couples ranges from threats and verbal abuse and acts of physical violence to pushing and grabbing or slapping, taunting and being sarcastic, putting each other down, making excuses and being critical, shouting or shouting, staying away from each other and heavy silence or making threats with weapons or objects that may result in bodily harm and sometimes death. (2). Conflict in couples' relationships leads to incompatibility and dissatisfaction, and ultimately negative emotions. Researchers have shown that the negative effects of emotions caused by conflict lead to conflict and anxiety (3), obsessive beliefs (4), alexithymia (5) and a decrease in psychological well-being (6). Due to rumination, negative emotions, depressed mood or irritability and lack of interest in achieving their goals, these people feel sad, worthless, discouraged and avoid their social relationships. These problems reduce their efficiency, role and responsibility in the society and especially the relationship of couples (7-8). Therefore, Teasdell and Williams (1992) presented a Mindfulness-Based Cognitive Therapy approach to improve depression and anxiety disorders (9). Because in this method, a person turns his attention from the surrounding environment to himself and the events related to him and lives in the present without judging himself and others. In this method, through regular meditation exercises, people raise their level of awareness towards their emotions and feelings, and without judging themselves and others, they try to control their rumination in order to relax and be satisfied with life (10). Therefore, it seems that Mindfulness-Based Cognitive Therapy reduces obsessive beliefs, alexithymia in people by reducing negative emotions, regulating bad moods and self-acceptance (11-12). However, despite the research conducted in the field of marital conflicts, the role of Mindfulness in relieving obsessive beliefs and alexithymia and increasing the efficacy of couples is not yet known. Therefore, the current research raises the question of whether Mindfulness-Based Cognitive Therapy affects efficacy, obsessive beliefs, alexithymia in women with marital conflicts.

Methods

The current research was conducted in terms of objective, practical and in terms of collecting research data in a quasi-experimental method based on a pre-test-post-test design with a control group. For this purpose, after obtaining permission from the university, 43 women with marital conflicts were selected in Isfahan counseling center. After introducing the purpose of the research in the first meeting, 11 of them withdrew and 32 of them agreed to cooperate. After obtaining the signature of the consent form from the participants and based on the entry and exit criteria, the research questionnaires were provided to them. During these meetings, 2 of them withdrew due to busy work. Therefore, the sample size of the current research was reduced to 30 people. Then, using the random sampling method, people were placed in two control and experimental groups. After this stage, the people of the control group were trained in Mindfulness-Based Cognitive Therapy during 8 sessions. Then again, the questionnaires were distributed among all the people and the data were collected. The following tools were used in this research.

Measuring tool

Sanaeei and Barati Marital Conflict Questionnaire (2018) contains 42 items and is used to measure marital conflicts. Test answers are set on a 5-point Likert scale (from always to never). This questionnaire measures seven dimensions of marital conflicts (decrease in cooperation, decrease in sexual relations, increase in emotional reactions, increase in obtaining support from children, increase in personal relationship with

[Downloaded from intjmi.com on 2026-11-16]

one's family, decrease in family relationship with spouse's relatives and friends, separation of financial affairs from each other). Cronbach's alpha of the test is 0.71. The validity of this scale has been reported as 0.67 with the Spanish marital adjustment scale test. Rezaeei (2012) obtained the Cronbach's alpha of the test equal to 0.91 (13).

Toronto Ataxia Scale (TAS-20): The Toronto Ataxia Scale (Bugby, 1996) is a 20-question test and subscales difficulty in identifying emotions, difficulty in describing emotions and objective thinking in a five-point Likert scale. It is measured from 1 (completely disagree) to 5 (completely agree) and a total score is calculated from the sum of the scores of the three subscales for general emotional dyslexia (14). Cronbach's alpha coefficients for the subscales of difficulty in identifying emotions, difficulty in describing emotions, and objective thinking were calculated for the sample of the present study, respectively, 0.81, 0.77, 0.75, and 0.84.

General Self-Efficacy Questionnaire: This questionnaire was created in (1982) by Sherer et al. with the aim of determining different levels of general self-efficacy of people. The original version of the test consisted of 36 questions, whose creators, after conducting validation tests based on the analysis, kept the questions that had a factor load of 0.04 in each of the social and general factors, based on this, 13 questions that Those who did not have this feature were removed and the test was reduced to 23 questions. Each question contains 5 options on a Likert scale. If the scores of the questionnaire are between 17 and 34, the level of self-efficacy in the society in question is weak, and if the scores of the questionnaire are between 35 and 51, then the level of self-efficacy in the society in question is average, and if the scores of the questionnaire are between 52 and 85 The level of self-efficacy in the society in question is high. The reliability coefficients of the internal consistency of the scale have also been reported through Cronbach's alpha coefficient in the range from 0.84 to 0.86 (15).

Obsessive Beliefs Questionnaire OBQ-44: This scale is designed and adjusted as a questionnaire of obsessive beliefs including 44 items, which evaluates the dimensions of pathogenicity in the field of cognition in patients with obsessions. The scale is rated from 1 to 7 from completely agree to completely disagree. Shams et al. determined the Cronbach's alpha coefficient for this test to be 0.92 and the validity of the questionnaire to be 0.57 (16).

At the descriptive level, the statistical method of data analysis was using central tendency and dispersion indices, and at the inferential level, using covariance analysis with intragroup repeated measures and using SPSS-19 statistical software. Smironov-Kolmogorov test was used to determine the normality of data distribution. Descriptive statistics, analysis of covariance (ANCOVA) and Levine's test were also used.

The content of Mindfulness-based cognitive therapy sessions (Williams, Segal and Teasdell, 2002)

The first session: Eating the conscious mind,s raisin; Physical examination (homework. Perform physical examination within 6 days).

The second session: the goal. Dealing with obstacles: Practice thoughts and feelings (visualize an ambiguous scenario and then examine your reactions to this event and how it affects your mood). Homework. Recording pleasant events (imagining a pleasant event or moment and observing thoughts, feelings and bodily sensations related to it).

Third session: sitting meditation, homework. Walking of the conscious mind; Breathing space for three minutes three times a day.

Fourth session: Goal. Staying in the present: seeing meditation and listening meditation, homework. Sitting meditation (presence of mind from breath, body, sounds, thoughts and body awareness, specific orientation). 3 minutes of breathing space, not only three times a day, but at any time you notice tension with unpleasant emotions.

[Downloaded from intjmi.com on 2026-11-16]

The fifth session: sitting meditation; homework. Guided sitting meditation

Sixth session: Goal. Thoughts are not facts: sitting meditation, visualization; homework Shorter guided meditations of at least 40 minutes. Ambiguous scenarios, breathing 3 minutes three times a day and every time with tension with difficult emotions.

Seventh session: Goal. Self-care: sitting meditation; referring to the relationship between mood and activity; homework Discuss the symptoms of recurrence, breathing for 3 minutes three times a day and whenever tense with difficult emotions.

Eighth session: Goal. Application of learning: physical examination. Homework Experiences and responses to exercises can change over time and in the light of new learning. Reflection; Feedback (getting feedback from participants).

Results

The descriptive indices of the research variables in the pre-test and post-test of the statistical sample in the experimental and control groups are presented in Table 1.

Table 2 shows the results of the Kalmogorov Smirnov test, this test shows whether the statistical data has a normal distribution or not. As can be seen in the table, in all variables, the significance level is more than 0.05, which rejects the assumption of non-normality of data distribution. Therefore, the data has a normal distribution.

Analysis of research hypotheses

Mindfulness treatment protocol has an effect on marital conflicts, efficacy, obsessive beliefs, alexithymia.

Based on the results of Table 3, the preliminary analysis to evaluate the homogeneity between the slopes shows that the interaction between the covariant variable (pre-test) and the factor is not significant. As a result, the presuppositions related to the approximate normality and homogeneity of variances are established and there are necessary conditions for using the analysis of covariance test.

According to the results of Table 4, the results of the analysis of covariance of the two experimental and control groups in the pre-test and post-test are significant for marital conflicts, efficacy, obsessive beliefs, and alexithymia. As a result, there is a significant difference between the experimental and control groups in marital conflicts, efficacy, obsessive beliefs, alexithymia, and it can be said that the Mindfulness treatment protocol affects marital conflicts, efficacy, obsessive beliefs, and alexithymia.

Discussion

As the results of implementing the Mindfulness therapy protocol in Tables 3 and 4 show, the first hypothesis of research that Mindfulness-based cognitive therapy has an effect on marital conflicts is confirmed. The findings of this hypothesis are in line with the findings of research (17). In the possible explanation of this finding, it can be stated that Mindfulness-based cognitive therapy through training to focus on the present tense, acceptance of oneself and others without judgment, has led to relaxation and reduced tension of the individual and brings the individual out of defensiveness and anger towards his wife. Because with Mindfulness exercises, a person accepts to focus on himself instead of focusing on others. As the results of implementation of the Mindfulness treatment protocol in Tables 3 and 4 show, the second hypothesis of research that Mindfulness-based cognitive therapy has an effect on efficacy is confirmed. The findings of this hypothesis are in line with the findings of other studies (18). In the possible explanation of this finding, it can be stated that efficacy means controlling and managing negative thoughts, behavior and emotions in people in order to create more compatibility with themselves and their social environment. Therefore, according to the results, researches (19) about people who have a low level of efficacy show that these people do not have the ability to manage their emotions, thoughts, behavior and time effectively. These people have problems in the field of order, accuracy and concentration in doing their daily

[Downloaded from intjmi.com on 2026-11-16]

tasks. Mindfulness exercises lead to controlling and managing rumination by increasing concentration, being in the present moment, accepting yourself and not judging yourself and others. This leads to an increase in the level of negative and positive emotions such as sadness, grief, happiness, etc. Mindfulness exercises lead a person to regulate his emotions (19). As the results of implementation of the Mindfulness treatment protocol in Tables 3 and 4 show, the third hypothesis of research that Mindfulness-based cognitive therapy has an effect on obsessive beliefs is confirmed. The findings of this hypothesis are in line with the findings of other researches (15). In the possible explanation of this finding, it can be stated that according to Kabat-Zinn (1995), Mindfulness exercises such as focusing on breathing and eating increase body relaxation in people, which plays an important role in regulating negative emotions. Therefore, Mindfulness exercises have an effect on obsessive beliefs and alexithymia through efficacy and increasing self-focus (19). Because efficacy reduces obsessive beliefs by increasing precision and order and creating planning in a person in order to achieve goals. In another possible explanation of this finding, it can be stated that Mindfulness training through the management of rumination such as thoughts of failure, despair, suicide, etc., improves the level of psychological well-being in a person and consequently leads to the reduction of obsessive beliefs (20). In another explanation of this finding, it can be stated that Mindfulness-based cognitive therapy leads to the reduction of obsessive beliefs through the reduction of alexithymia, stress, and the increase of the quality of life and satisfaction with life and job satisfaction of people (21). As the results of implementing the Mindfulness treatment protocol in Tables 3 and 4 show, the fourth hypothesis of research that Mindfulness-based cognitive therapy has an effect on alexithymia is confirmed. The findings of this hypothesis are in line with the findings of other researches (5). In the possible explanation of this finding, it can be stated that Mindfulness training leads to management of rumination, increase in psychological well-being, efficacy, self-focus and problem-solving skills, leading to improvement in quality of life and reduction of alexithymia.

Conclusion

According to the results of the first hypothesis, reducing attention to the environment increases concentration on oneself and problem solving. Therefore, negative thoughts and false beliefs of women regarding married life are controlled with Mindfulness-based cognitive therapy. With this, women solve their marital conflicts more skillfully (17). Based on the results of the second hypothesis, Mindfulness exercises lead a person to regulate his emotions. The results of the third hypothesis confirm that Mindfulness skills lead to focusing on the goal and successful performance of people through regulating self-focus and thus reduce obsessive beliefs. Also, in the results of the fourth hypothesis, it is confirmed that Mindfulness training leads to an improvement in the quality of life and a decrease in alexithymia.

This research has the limitation of generalizing the results to the whole society and lack of control of moderating variables such as psychological problems, economic status, etc. Therefore, examining other factors and variables in addition to the research variables, conducting the current research with another statistical population, holding classes to increase marital conflict resolution skills, holding workshops to reduce alexithymia and obsessive beliefs, holding workshops to increase efficacy in order to improve the quality of women's psychological well-being, providing services such as educational books on marital conflict resolution skills, solutions to reduce obsessive beliefs and alexithymia are suggested.

Acknowledgment:

The authors know their duty to express their gratitude and thanks to all those who somehow played a role in this research.

Funding:

None

[Downloaded from intjmi.com on 2026-11-16]

Authors Contributions:

AD conceptualized the study objectives and design.

Ethical Consideration:

None

References

[1] Meymand A M. Comparison Of Emotional Adjustment Ability, Psychological Well-Being And Marital Conflicts In Fertile And Infertile Women. Int J Med Invest 2021; 10 (2) :37-47.

[2] Mourkani S S. The Effectiveness Of Treatment Schemas On Reducing Marital Conflicts And Increasing Mental Health. Int J Med Invest 2021; 10 (1) :76-84.

[3] Jahangiri N. The Effectiveness Of Acceptance And Commitment Therapy And Dialectical Behavioral Therapy On Health Anxiety, Psychosocial Adjustment And Cognitive Emotion Regulation Of Refered Women To Consultation Centres. Int J Med Invest 2022; 11 (3) :18-25.

[4] Key, B. L., Rowa, K., Bieling, P., McCabe, R., & Pawluk, E. J. (2017). Mindfulness-based cognitive therapy as an augmentation treatment for obsessive–compulsive disorder. Clinical Psychology & Psychotherapy, 24(5), 1109-1120.

[5] Norman, H., Marzano, L., Coulson, M., & Oskis, A. (2019). Effects of mindfulness-based interventions on alexithymia: a systematic review. BMJ Ment Health, 22(1), 36-43.

[6] Simon CR, Durand-Bush N. Does self-regulation capacity predict psychological well-being in physicians?. Psychology, Health & Medicine. 2015;20(3):311-21.

[7] Balkis M, Duru E. Procrastination, self-regulation failure, academic life satisfaction, and affective well-being: underregulation or misregulation form. European Journal of Psychology of Education. 2016:439-59.

[8] Lotfinia H, Yazdandost R, Asgarnajad AA, Gharagi B, Grocei M. Effectiveness of problem solving therapy among depressed students. Medical Journal of Tabriz University of Medical Sciences. 2010;31(4):54-8.

[9] Segal ZV, Williams JM.G, & Teasdale JD. Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse. New York: Guilford Press, 2002.

[10] Brown KW, Ryan RM, Creswell JD. Mindfulness: Theoretical foundations and evidence for its salutary effects. Psychological inquiry. 2007;18(4):211-37.

[11] DEMİR, V. (2022). THE EFFECT OF ART THERAPY AND MINDFULNESS BASED COGNITIVE THERAPY PROGRAM ON THE LEVELS OF ALEXITHYMIA OF INDIVIDUALS. Asya Studies, 6(22), 237-248.

[12] Mathur, S., Sharma, M. P., Balachander, S., Kandavel, T., & Reddy, Y. J. (2021). A randomized controlled trial of mindfulness-based cognitive therapy vs stress management training for obsessive-compulsive disorder. Journal of Affective Disorders, 282, 58-68..

[13] Mourkani S S. The Effectiveness Of Treatment Schemas On Reducing Marital Conflicts And Increasing Mental Health. Int J Med Invest 2021; 10 (1) :76-84.

[14] Baniyan, Amina, Jabal Ameli, Shida. (2020). Investigating the contribution of cognitive emotion regulation strategies and emotional dyslexia in predicting headache components in migraine sufferers. Anesthesia and Pain, 12 (3), 1-15.

[15] Biramlui, Saber, Aruti Mawafaq, Leila. (2020). Effectiveness of social-emotional learning program on self-expression, quality of life and self-efficacy of Hamedan Azad University students, Cognitive Analytical Psychology Quarterly, 13(48), 13-25.

[16] Shams, G., Esmaili, Y., Karamghadiri, N., Ebrahimhkani, N., Yousefi, Y., & McKay, D. (2014). Psychometric properties of the Persian language version of Obsessive Beliefs Questionnaire (OBQ-44) in Iranian

[Downloaded from intjmi.com on 2026-11-16]

general population. Acta Medica Iranica, 66-75.

[17] Mami Sh, Safavid AS, Mansourian M, Victim M, Kikhani S. Reducing marital conflicts by teaching problem-solving skills to clients at the Imam Khomeini Relief Committee's Ilam City Consultation Center. Ilam Islamic Azad University Journal. 2016;(1) :30-38.

[18] Solati, K., Mardani, S., Ahmadi, A., & Danaei, S. (2018). Effect of mindfulness-based cognitive therapy on quality of life and self-efficacy in dialysis patients. Journal of Renal Injury Prevention, 8(1), 28-33.

[19] Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. Clinical psychology review, 37, 1-12.

[20] Ahmadi Bejagh, S., Bakhshipour, B., & Faramarzi, M. B. (2015). The effectiveness of group mindfulness–Based cognitive Therapy on obsessive-compulsive disorder, metacognition beliefs and rumination. Clinical Psychology Studies, 5(20), 79-109.

[21] Kosugi, T., Ninomiya, A., Nagaoka, M., Hashimoto, Z., Sawada, K., Park, S., ... & Sado, M. (2021). Effectiveness of mindfulness-based cognitive therapy for improving subjective and eudaimonic well-being in healthy individuals: a randomized controlled trial. Frontiers in Psychology, 12, 700916.

[Downloaded from intjmi.com on 2026-11-16]

Tables:

Table 1. Descriptive indices of research variables

Components	Group	Level	Number	Average	SD	Skewness	Kurtosis
Marital conflicts	**Control**	pre-test	15	2.15	0.41	-0.04	0.50
		Post- test	15	2.13	0.41	-0.89	4.55
	Experiment	pre-test	15	1.60	0.22	0.25	-0.50
		Post- test	15	3.84	0.39	-0.38	-0.12
Efficacy	**Control**	pre-test	15	2.00	0.65	0.001	-0.17
		Post- test	15	1.93	0.70	0.09	-0.66
	Experiment	pre-test	15	1.73	0.70	0.43	-0.66
		Post- test	15	3.80	0.56	-0.11	0.37
Obsessive beliefs	**Control**	pre-test	15	2.20	0.67	-0.25	-0.50
		Post- test	15	2.33	0.89	-0.10	-0.67
	Experiment	pre-test	15	1.66	0.61	0.31	0.40-
		Post- test	15	3.86	0.74	0.22	-0.97
Alexithymia	**Control**	pre-test	15	2.26	0.70	-0.43	0.66
		Post- test	15	2.13	0.63	-0.10	-0.12
	Experiment	pre-test	15	1.40	0.50	0.45	-2.09
		Post- test	15	3.86	0.74	-0.97	2.19

[Downloaded from intjmi.com on 2026-11-16]

Table 2. The result of Kolmogorov-Smirnov test for normality of data distribution

Variable	Group	Level	Z statistic	level of significance
Marital conflicts	Control	pre-test	0.77	0.58
		Post- test	1.18	0.11
	experiment	pre-test	1.09	0.18
		Post- test	0.80	0.54
Efficacy	Control	pre-test	1.16	0.13
		Post- test	1.05	0.22
	Experiment	pre-test	0.97	0.30
		Post- test	1.14	0.17
Obsessive beliefs	Control	pre-test	1.09	0.18
		Post- test	0.91	0.36
	Experiment	pre-test	1.18	0.12
		Post- test	0.92	0.36
Alexithymia	Control	pre-test	0.97	0.30
		Post- test	1.22	0.10
	Experiment	pre-test	1.28	0.08
		Post- test	1.27	0.06

Table 3: The results of checking the homogeneity of the regression slope

Source	sum of squares	Degrees of freedom	mean square	F factor	meaningful
Group+ pre-test of marital conflicts	0.07	1	0.07	0.45	0.50
Group+ pre-test of efficacy	0.003	1	0.003	0.006	0.93
Group+ pre-test of obsessive beliefs	0.18	1	0.18	0.25	0.61
Group+ pre-test of alexithymia	0.38	1	0.38	0.75	0.39

[Downloaded from intjmi.com on 2026-11-16]

Table 4. The results of covariance analysis of two experimental and control groups in marital conflicts, efficacy, obsessive beliefs, alexithymia.

Indicator Source of change	sum of squares	Degrees of freedom	mean square	F factor	meaning ful	Eta squared	Levine test	
							F	Sig
Marital conflicts	0.006	1	0.006	0.03	0.85	0.001	0.32	0.57
Group	12.26	1	12.26	72.22	0.000	0.72		
Error value	4.58	27	0.17					
Total	294.55	30						
Efficacy	0.003	1	0.003	0.007	0.93	0.001	0.20	0.65
Group	25.20	1	25.20	60.07	0.000	0.69		
Error value	11.33	27	0.42					
Total	284.00	30						
Obsessive beliefs	0.46	1	0.46	0.67	0.41	0.02	0.51	0.47
Group	17.05	1	17.05	24.75	0.000	0.47		
Error value	18.60	27	0.68					
Total	325.000	30						
Alexithymia	0.05	1	0.05	0.10	0.75	0.004	0.004	0.95
Group	13.67	1	13.67	27.52	0.000	0.50		
Error value	13.41	27	0.49					
Total	306.000	30						

[Downloaded from intjmi.com on 2026-11-16]