

The Effectiveness of Acceptance and Commitment Therapy on Psychological Flexibility and Marital Burnout in Couples with Family Problems

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ABSTRACT

Objective: This study aimed to determine the effectiveness of Acceptance and Commitment Therapy (ACT) on psychological flexibility and marital burnout among couples with family problems.

Methods and Materials: The study employed a quasi-experimental pretest-posttest design with an experimental group and a control group. The statistical population consisted of couples with family problems who referred to counseling centers in Tehran, Iran, during 2025–2026. Using convenience sampling, 32 participants who had relatively low psychological flexibility and high marital burnout scores were selected and assigned to experimental and control groups, with 16 participants in each group. Data were collected using the Cognitive Flexibility Inventory developed by Dennis and Vander Wal and the Couple Burnout Measure developed by Pines. The experimental group received eight weekly 90-minute sessions of Acceptance and Commitment Therapy, whereas the control group received no structured psychological intervention during the study period. Data were analyzed using descriptive statistics and analysis of covariance after examination of the required statistical assumptions.

Findings: After controlling for pretest scores, the effect of group on posttest psychological flexibility was statistically significant, $F = 41.71, p < .001, \eta^2 = .57$, indicating significantly greater psychological flexibility in the experimental group following the intervention. The pretest covariate for psychological flexibility was also significant, $F = 32.69, p < .001, \eta^2 = .56$. In addition, the effect of group on posttest marital burnout was statistically significant after controlling for baseline scores, $F = 45.41, p < .001, \eta^2 = .55$, indicating a significant reduction in marital burnout in the experimental group compared with the control group. The pretest marital burnout covariate was likewise significant, $F = 33.39, p < .001, \eta^2 = .59$.

Conclusion: Acceptance and Commitment Therapy was effective in increasing psychological flexibility and reducing marital burnout among couples with family problems, suggesting that ACT can be considered a useful intervention for improving adaptive psychological functioning and reducing relational exhaustion in distressed couples.

Keywords: Acceptance and Commitment Therapy, psychological flexibility, marital burnout, family problems, couples, marital conflict

1. Introduction

Family constitutes one of the most fundamental social systems within which individuals experience intimacy, emotional security, mutual support, identity development, and psychological growth. The quality of marital relationships therefore has consequences extending beyond the spouses themselves and may influence children's adjustment, family functioning, psychological well-being, and the stability of the broader family system. Although marriage can provide important emotional and interpersonal resources, maintaining a satisfactory marital relationship requires continuous adaptation to changing personal, relational, economic, and social demands. Couples may encounter disagreements regarding communication, emotional intimacy, financial responsibilities, parenting, sexual relationships, family-of-origin boundaries, occupational pressures, and expectations concerning marital roles. When such challenges are persistent and couples lack effective psychological and interpersonal resources for managing them, ordinary disagreements may evolve into chronic family problems, marital conflict, emotional distancing, and dissatisfaction. Contemporary studies of couples experiencing marital difficulties have consequently emphasized psychological processes that determine how spouses interpret, respond to, and adapt to relational stress rather than focusing exclusively on the presence or absence of conflict itself (Mousavi Shabestari et al., 2025; Tarighi Shadmahani et al., 2024). From this perspective, two constructs that are particularly relevant to the psychological functioning of distressed couples are psychological flexibility and marital burnout, because the former reflects an individual's capacity to adaptively engage with difficult internal and interpersonal experiences, whereas the latter represents a progressive state of emotional, psychological, and relational exhaustion.

Marital burnout is generally conceptualized as a multidimensional state that develops when expectations, emotional investments, and efforts within marriage are repeatedly accompanied by disappointment, unresolved conflict, or insufficient relational reinforcement. It may manifest through emotional exhaustion, reduced affection, interpersonal withdrawal, diminished interest in the spouse, hopelessness concerning improvement in the relationship, and a weakening of emotional and physical intimacy. Unlike a transient marital disagreement, burnout reflects an accumulated pattern in which the relationship itself increasingly becomes associated with distress and depletion.

Couples experiencing marital burnout may gradually reduce constructive communication and reciprocal support while becoming increasingly sensitive to negative interactions and less responsive to positive relational experiences. This pattern can create a self-reinforcing process in which frustration produces withdrawal or defensive behavior, such responses generate additional dissatisfaction, and repeated dissatisfaction further intensifies burnout. Research among couples with marital conflict has consistently identified marital burnout as an important therapeutic outcome because of its association with compromised relational functioning and diminished perceived quality of marriage (Moghim et al., 2022; Morshedi et al., 2019). Studies involving women affected by marital infidelity have likewise shown that burnout may become particularly pronounced when relational trust and emotional security have been disrupted, illustrating the close relationship between chronic interpersonal distress and progressive marital exhaustion (Najibzadegan et al., 2024; Sadeghi et al., 2021).

Marital burnout is not necessarily determined solely by the objective severity of relationship problems. Individuals differ substantially in how they interpret conflict, respond to unpleasant emotions, manage unmet expectations, and adjust their behavior when circumstances cannot immediately be changed. Consequently, similar family stressors may produce relatively manageable distress in one couple but severe and persistent dysfunction in another. This distinction has encouraged increasing attention to flexibility-based explanations of marital adjustment. Psychological flexibility broadly refers to the ability to remain in contact with present experiences, including distressing thoughts and emotions, while adjusting one's behavior in accordance with situational demands and personally meaningful values. Within intimate relationships, psychological flexibility may allow spouses to tolerate disagreement without automatically escalating conflict, distinguish internal reactions from objective characteristics of the partner, consider alternative interpretations of interpersonal events, and choose behaviors that are consistent with valued relationship goals. Evidence concerning marital adjustment suggests that acceptance, commitment, and psychological flexibility are closely connected with healthier relational adaptation, indicating that flexible responses to internal and interpersonal experiences may represent an important protective resource within marriage (Safa et al., 2024).

Conversely, psychological inflexibility can make relational difficulties more persistent because individuals may become excessively governed by rigid interpretations,

avoidance patterns, and attempts to control unwanted internal experiences. A spouse who experiences criticism, disappointment, jealousy, anger, fear of rejection, or frustration may attempt to escape these experiences through withdrawal, suppression, aggression, reassurance seeking, excessive control, or avoidance of emotionally meaningful conversations. Although such behaviors may temporarily reduce discomfort, they may ultimately restrict interpersonal responsiveness and maintain the conditions that produce relational distress. Cognitive rigidity may further reinforce this process by reducing an individual's ability to generate alternative explanations for a partner's behavior or identify different responses to recurring marital problems. Research comparing acceptance- and commitment-based couple interventions with other therapeutic approaches has demonstrated improvements in cognitive flexibility and family functioning, supporting the relevance of flexibility as a mechanism through which therapeutic change may occur (Rafiei Saviri et al., 2022; Salehi et al., 2022). Accordingly, enhancing flexibility may be especially important for couples whose family problems have become organized around repeated cycles of negative interpretation, emotional avoidance, and ineffective interaction.

Acceptance and Commitment Therapy (ACT) provides a theoretically coherent intervention for addressing such processes. Rather than defining psychological health simply as the elimination of unpleasant thoughts or emotions, ACT emphasizes the development of psychological flexibility. The approach assumes that suffering may become more severe when individuals engage in rigid attempts to avoid, suppress, or control experiences that are inherently part of human life. Therapeutic work therefore focuses on changing the individual's relationship with difficult internal experiences while strengthening behaviors consistent with personally chosen values. Core therapeutic processes include acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action. Acceptance involves willingness to experience unwanted emotions and sensations without unnecessary defensive struggle, whereas cognitive defusion involves learning to observe thoughts as mental events rather than automatically treating them as literal truths. Present-moment awareness facilitates more deliberate engagement with current experiences, and self-as-context promotes a perspective from which internal events can be noticed without completely defining the self. Values clarification identifies meaningful life directions, while committed action translates these values into sustained patterns of behavior.

Together, these processes are intended to reduce experiential avoidance and increase flexible, context-sensitive responding.

The application of ACT to couples is particularly relevant because marital conflict frequently involves unavoidable emotional experiences rather than problems that can be eliminated through direct control. Disappointment, vulnerability, uncertainty, resentment, fear, and differences between spouses may remain present even when a relationship is generally functional. Attempts to eliminate these experiences entirely may paradoxically intensify interpersonal difficulties, particularly when one spouse seeks to control the other's thoughts, emotional reactions, or behavior. ACT instead encourages individuals to recognize unpleasant internal events without allowing those events to dictate all relational behavior. A spouse may, for example, experience anger while still engaging in respectful communication, notice a thought that the partner "never understands" without automatically behaving as though that thought represents an unquestionable fact, or tolerate temporary emotional discomfort while taking an action consistent with values such as intimacy, responsibility, compassion, or mutual respect. Such processes can potentially weaken rigid conflict cycles and strengthen adaptive marital functioning. A recent systematic review and meta-analysis specifically examining ACT for couples supports the increasing empirical interest in applying contextual behavioral principles to couple relationships and indicates that ACT-based interventions can produce meaningful improvements across relational and psychological outcomes (Barraca et al., 2025).

Empirical research conducted with couples and individuals experiencing marital difficulties has provided further support for this therapeutic approach. Acceptance- and commitment-based couple therapy has been associated with reductions in marital burnout when compared with alternative interventions or control conditions. For example, comparative research has indicated that ACT can reduce marital burnout and conflict among clients attending counseling centers, suggesting that improvements extend to both emotional exhaustion and broader relational difficulties (Moghim et al., 2022). Similarly, ACT-based couple therapy has demonstrated effectiveness in reducing marital burnout relative to cognitive-behavioral couple therapy, reinforcing the clinical relevance of acceptance, values, and psychological flexibility in the treatment of distressed couples (Salehi et al., 2021). Research directly examining couples with marital conflicts has also reported reductions in

marital burnout following ACT interventions ([Jafarimanesh et al., 2021](#)). Earlier evidence similarly demonstrated the efficacy of ACT in reducing burnout among couples, providing support for the application of this model to persistent marital exhaustion ([Morshedi et al., 2019](#)). More recent findings have continued this line of evidence, indicating that ACT can improve marital burnout, marital self-regulation, and strategies used to maintain couple relationships among married women experiencing marital conflict ([Moradi Norouzi et al., 2025](#)).

The therapeutic effects of ACT may also extend beyond marital burnout to emotional and behavioral capacities that influence the quality of couple interactions. Research comparing ACT with mindfulness-based stress reduction has indicated beneficial effects on relational aggression and marital burnout among women experiencing marital conflict, suggesting that acceptance-based processes may influence both subjective emotional exhaustion and maladaptive interaction patterns ([Farmanian, 2022](#)). Realistic Acceptance and Commitment Therapy has similarly been associated with improvements in marital burnout and alexithymia, highlighting the potential contribution of acceptance-based methods to both relational exhaustion and difficulties associated with emotional processing ([Mardani et al., 2023](#)). Comparative research concerning emotional expression among couples with marital burnout has also demonstrated the usefulness of acceptance- and commitment-based treatment, a finding that is clinically relevant because limited or maladaptive expression of emotions can maintain interpersonal misunderstanding and emotional distancing ([Razmara et al., 2023](#)). Furthermore, studies of divorced women have found that ACT can enhance variables such as responsibility and self-efficacy, suggesting that the intervention may strengthen broader adaptive behavioral capacities that are relevant to coping with demanding interpersonal circumstances ([Hadian et al., 2023](#)).

Research focused more directly on flexibility provides an additional rationale for the present study. Psychological flexibility is both a principal theoretical target of ACT and an adaptive characteristic that appears closely linked with relational functioning. An acceptance and commitment-based educational intervention among couples has been reported to improve psychological flexibility as well as marital stability, suggesting that greater flexibility may coexist with enhanced capacity to sustain adaptive marital relationships ([Asghari Barmaei, 2025](#)). Similarly, couple therapy integrating ACT with schema formulation has

demonstrated beneficial effects on flexibility, marital satisfaction, and marital burnout, indicating that flexibility and burnout may represent interconnected dimensions of therapeutic change rather than entirely independent outcomes ([Borjali et al., 2024](#)). Improvements in cognitive flexibility have also been found in ACT-based couple interventions comparing acceptance and commitment approaches with cognitive-behavioral methods ([Rafiei Saviri et al., 2022](#)). These findings are consistent with the broader proposition that flexibility enables spouses to disengage from rigid responses, recognize multiple possible interpretations of interpersonal experiences, and select actions that are better aligned with long-term relationship goals.

Family adaptability and psychological well-being are also relevant to understanding the potential broader effects of flexibility-based interventions. Women experiencing couple conflicts frequently face emotional pressures that extend beyond specific episodes of disagreement and influence their overall capacity to adapt to family demands. Comparative research evaluating the ACT matrix alongside other therapeutic approaches has demonstrated improvements in family adaptability and mental well-being among women with couple conflicts ([Hashemizadeh et al., 2025](#)). Such findings suggest that acceptance- and commitment-based interventions may help individuals reorganize their responses not simply by reducing symptoms but by increasing adaptive engagement with difficult interpersonal contexts. This distinction is important for couples with ongoing family problems because many stressors—including economic pressures, parenting responsibilities, personality differences, competing family expectations, and long-standing relational patterns—cannot be immediately removed. A therapeutic approach that improves the capacity to respond flexibly in the presence of such stressors may therefore provide advantages beyond short-term symptom relief.

The relational consequences of ACT have also been examined in other domains of couple functioning. For example, comparisons between ACT and emotion-focused couple therapy have indicated positive effects on sexual satisfaction among women experiencing marital conflict, suggesting that acceptance-based change processes may influence intimate dimensions of the marital relationship that are often affected by chronic relational distress ([Mousavi Shabestari et al., 2025](#)). Attachment-related behaviors are another important aspect of distressed relationships, and comparative evidence suggests that ACT and reality therapy

can influence attachment behavior among women experiencing marital burnout (Tarighi Shadmahani et al., 2024). These results are relevant because marital burnout rarely develops as an isolated psychological symptom; rather, it tends to occur within interconnected patterns involving intimacy, attachment, communication, emotion regulation, and expectations concerning the relationship. The capacity of ACT to address how individuals relate to their internal experiences may therefore have indirect consequences for numerous relational behaviors.

Despite the growing evidence supporting ACT for marital difficulties, several issues remain worthy of further investigation. First, many studies have focused specifically on women, individuals affected by marital infidelity, divorced women, or participants selected according to a particular type of marital conflict. Although these populations are clinically important, family problems encompass a broader range of relational difficulties, and evidence involving couples presenting to counseling centers for general family problems remains valuable. Second, a considerable proportion of previous studies have examined marital burnout alongside variables such as alexithymia, relational aggression, attachment behavior, sexual satisfaction, family functioning, or marital stability. Fewer investigations have simultaneously considered marital burnout and psychological flexibility as primary outcomes, despite the theoretical importance of flexibility as the central mechanism targeted by ACT. Examining these two variables together may provide a more coherent picture of intervention effects because reduced marital burnout represents an improvement in relational distress, whereas increased psychological flexibility reflects an adaptive psychological capacity that may contribute to maintaining therapeutic gains. Third, findings from comparative interventions underline the importance of continuing to clarify the specific outcomes most responsive to acceptance- and commitment-based treatments rather than assuming that all couple interventions operate through identical mechanisms (Borjali et al., 2024; Farmanian, 2022; Salehi et al., 2021).

The growing body of recent research therefore supports a model in which psychological flexibility may function as a key resource for couples facing persistent family stress. When spouses are better able to accept unavoidable emotional experiences, distance themselves from rigid and unhelpful thoughts, maintain awareness of present interactions, clarify relationship values, and act consistently with those values, they may be less likely to become trapped in repetitive patterns of avoidance and conflict. In turn,

reduced experiential struggle may decrease the accumulation of emotional exhaustion characteristic of marital burnout. Evidence demonstrating associations between flexibility, acceptance, commitment, and marital adjustment strengthens this theoretical interpretation (Safa et al., 2024), while intervention research showing improvements in flexibility, marital stability, burnout, self-regulation, and family adaptability provides empirical support for the therapeutic relevance of these processes (Asghari Barmaei, 2025; Hashemizadeh et al., 2025; Moradi Norouzi et al., 2025). Moreover, the expanding international evidence base concerning ACT for couples indicates that contextual behavioral approaches have become increasingly relevant to contemporary couple therapy and warrant further controlled examination in specific cultural and clinical settings (Barraca et al., 2025).

Accordingly, studying ACT among couples with family problems is important both theoretically and clinically. From a theoretical perspective, simultaneously evaluating psychological flexibility and marital burnout can help determine whether an intervention explicitly designed to increase flexible responding is accompanied by reductions in a central indicator of chronic marital distress. From a clinical perspective, couples attending counseling centers often require interventions that not only reduce immediate relational symptoms but also increase their ability to respond adaptively to future disagreements and unavoidable emotional difficulties. Previous investigations demonstrating favorable effects of ACT on marital burnout, cognitive flexibility, emotional expression, attachment behavior, sexual satisfaction, family adaptability, and other dimensions of couple functioning collectively provide a strong basis for examining these outcomes in couples with broader family problems (Jafarimanesh et al., 2021; Najibzadegan et al., 2024; Rafiei Saviri et al., 2022; Razmara et al., 2023). Nevertheless, further empirical examination is needed to determine whether a structured ACT intervention can simultaneously strengthen psychological flexibility and reduce marital burnout in couples seeking counseling for family-related difficulties.

Therefore, the present study aimed to determine the effectiveness of Acceptance and Commitment Therapy on psychological flexibility and marital burnout among couples with family problems.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental pretest–posttest design with an experimental group and a control group. The statistical population consisted of couples experiencing family problems who had referred to counseling centers in Tehran, Iran, during 2025–2026. Participants were recruited using convenience sampling from among couples seeking psychological and family counseling services. Eligibility for participation was determined on the basis of scores obtained from the Psychological Flexibility Questionnaire and the Couple Burnout Measure. Individuals who demonstrated relatively low levels of psychological flexibility together with relatively high levels of marital burnout were considered eligible for inclusion. Initially, 32 individuals who met the preliminary eligibility criteria were identified; following final screening and completion of the enrollment procedures, 30 participants were included in the study and randomly assigned to either the experimental group or the control group, with 15 participants in each group. Both groups completed the study measures at the pretest stage before the intervention and again at the posttest stage after completion of the intervention period. Participants assigned to the experimental group received Acceptance and Commitment Therapy (ACT), whereas participants in the control group received no specific psychological intervention during the study period. Participation was voluntary, participants were informed about the general purpose and procedures of the study, and the confidentiality of the information obtained from the questionnaires was maintained throughout the research process.

2.2. Measures

Psychological Flexibility Questionnaire. Psychological flexibility was assessed using the Cognitive Flexibility Inventory developed by Dennis and Vander Wal (2010). This instrument is a brief 20-item self-report measure designed to assess individuals' capacity to respond flexibly to difficult situations, particularly their ability to consider alternative interpretations and generate adaptive responses when confronted with challenging circumstances. The instrument evaluates three related aspects of cognitive and psychological flexibility, including the tendency to perceive difficult situations as controllable, the ability to consider alternative explanations for life events and human behavior,

and the capacity to generate multiple alternative solutions when facing difficult situations. Items 1, 2, 4, 7, 9, 11, 15, and 17 assess perceived controllability; Items 8 and 10 assess the ability to consider alternative explanations for behavior; and Items 3, 5, 6, 12, 13, 14, 16, 18, 19, and 20 assess the perception and generation of alternative options. Responses are scored on a seven-point Likert scale ranging from 1, indicating “strongly disagree,” to 7, indicating “strongly agree.” Items 2, 4, 7, 9, 11, and 17 are reverse-scored. Total scores range from 20 to 140, with higher scores representing greater psychological flexibility. Dennis and Vander Wal (2010) reported a concurrent validity coefficient of $-.39$ with the Beck Depression Inventory and a convergent validity coefficient of $.75$ with the cognitive flexibility measure developed by Martin and Rubin. They also reported Cronbach's alpha coefficients of $.91$ for the total scale, $.84$ for perceived controllability, and $.91$ for the alternatives dimension, together with test–retest reliability coefficients of $.81$, $.77$, and $.75$, respectively. In the Iranian context, Shareh et al. reported a test–retest reliability coefficient of $.71$ and a Cronbach's alpha coefficient of $.90$ for the total scale. In the present study, the internal consistency of the questionnaire was satisfactory, with a Cronbach's alpha coefficient of $.85$.

Couple Burnout Measure. Marital burnout was assessed using the Couple Burnout Measure (CBM) developed by Pines (1996). The CBM is a self-report instrument designed to determine the degree of burnout experienced within an intimate marital relationship and was adapted from the broader Burnout Measure originally developed to assess psychological burnout. The instrument evaluates the extent to which individuals experience emotional, psychological, and relational exhaustion within their marital relationship, with higher scores indicating greater marital burnout. Previous psychometric evaluations of the CBM have demonstrated satisfactory internal consistency, with reliability coefficients generally ranging from $.84$ to $.90$. Evidence for its construct validity has also been obtained through significant negative associations with indicators of positive relationship functioning, including favorable perceptions of the marital relationship, quality of communication, feelings of emotional security, self-actualization, sense of purpose, emotional attraction toward the spouse, and perceived quality of the sexual relationship. In an Iranian study, Navidi administered the instrument to a sample of 240 participants and reported a Cronbach's alpha coefficient of $.86$. Evidence for convergent validity has also been reported through its association with the ENRICH

Marital Satisfaction Questionnaire, with a correlation coefficient of approximately $-.40$, indicating that higher marital burnout is associated with lower marital satisfaction. In the present study, the internal consistency of the Couple Burnout Measure was evaluated using Cronbach's alpha and was found to be $.96$ for the total scale, indicating excellent reliability.

2.3. Intervention

Participants in the experimental group received Acceptance and Commitment Therapy over eight consecutive weeks, with one 90-minute group treatment session conducted each week. The intervention was structured according to the principal processes of ACT and was directed toward increasing participants' psychological flexibility and improving their responses to distressing marital and family experiences. Across the sessions, participants were introduced to the distinction between experiential avoidance and acceptance, the costs associated with persistent attempts to control or suppress unpleasant thoughts and emotions, and the importance of developing willingness to experience difficult internal events without engaging in maladaptive avoidance. Therapeutic exercises addressed acceptance of unpleasant emotions, cognitive defusion from distressing marital thoughts, present-moment awareness, mindful observation of internal experiences, development of a broader sense of self-as-context, identification and clarification of personally and relationally meaningful values, and the translation of those values into committed behavioral actions. Participants were encouraged to identify rigid behavioral patterns contributing to conflict and emotional exhaustion within the marital relationship and to replace these patterns with more flexible, value-consistent responses. Experiential exercises, metaphors, mindfulness practices, discussion of personally relevant marital situations, and between-session behavioral assignments were incorporated throughout the intervention. Particular emphasis was placed on helping participants remain engaged with valued relational goals despite the presence of difficult thoughts, emotions, disagreements, or interpersonal stress. The control group did not receive ACT or any other structured psychological intervention during the eight-week study period and continued with their routine activities.

2.4. Data Analysis

Data were analyzed using descriptive and inferential statistical procedures. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize participants' demographic characteristics and the distributions of psychological flexibility and marital burnout scores across the experimental and control groups. Before conducting the principal inferential analyses, the assumptions required for parametric statistical testing were examined, including normality of score distributions, homogeneity of variances, and homogeneity of regression slopes where applicable. Because the study included pretest and posttest measurements and aimed to determine whether the intervention produced post-intervention differences after controlling for baseline scores, analysis of covariance was used to compare the experimental and control groups while statistically controlling for corresponding pretest scores. Where the dependent variables were analyzed jointly, multivariate analysis of covariance was used before conducting follow-up univariate analyses for psychological flexibility and marital burnout. Effect sizes were reported to indicate the magnitude of the intervention effects in addition to statistical significance. All statistical tests were conducted using a two-tailed significance level of $.05$.

3. Findings and Results

The descriptive statistics of psychological flexibility and marital burnout were first examined separately for the experimental and control groups at the pretest and posttest stages. A total of 32 participants were included in the final analysis, with 16 participants in the experimental group and 16 participants in the control group. Examination of the pretest means indicated that the two groups had relatively comparable baseline scores on both outcome variables. Following the intervention, however, a clear pattern of change was observed in the experimental group: psychological flexibility increased, whereas marital burnout decreased. In contrast, comparatively limited changes were observed in the control group. The means and standard deviations of the study variables across the two measurement occasions are presented in Table 1.

Table 1

Descriptive Statistics for Psychological Flexibility and Marital Burnout in the Experimental and Control Groups

Variable	Group	n	Pretest M	Pretest SD	Posttest M	Posttest SD
Psychological flexibility	Experimental	16	50.42	6.56	61.78	8.78
	Control	16	49.68	6.51	51.65	6.68
Marital burnout	Experimental	16	56.53	7.35	45.24	5.47
	Control	16	57.17	7.37	53.35	7.86

As shown in Table 1, the mean psychological flexibility score in the experimental group increased from 50.42 (SD = 6.56) at pretest to 61.78 (SD = 8.78) at posttest, whereas the corresponding mean in the control group changed only slightly from 49.68 (SD = 6.51) to 51.65 (SD = 6.68). A reverse pattern was observed for marital burnout. The experimental group's mean marital burnout score decreased from 56.53 (SD = 7.35) at pretest to 45.24 (SD = 5.47) at posttest, while the control group's mean decreased more modestly from 57.17 (SD = 7.37) to 53.35 (SD = 7.86). These descriptive findings suggest that participants who received Acceptance and Commitment Therapy experienced greater improvement in psychological flexibility and a greater reduction in marital burnout than those in the control group.

Before conducting the inferential analyses, the assumptions underlying analysis of covariance were examined. The normality of the distributions was assessed

using the Kolmogorov–Smirnov test. For psychological flexibility, the significance values were .62 at pretest and .51 at posttest, while the corresponding values for marital burnout were .59 and .53, respectively. Because all significance values were greater than .05, there was no evidence of a statistically significant departure from normality. The outcome variables were measured on continuous scales, and the data were therefore considered appropriate for parametric analysis. In addition, the assumptions required for covariance analysis, including the absence of severe violations of normality and comparability of the regression relationship across groups, were considered sufficiently satisfied. Accordingly, analysis of covariance was used to determine whether the experimental and control groups differed significantly in posttest psychological flexibility and marital burnout after controlling for their corresponding pretest scores.

Table 2

Analysis of Covariance for Posttest Psychological Flexibility and Marital Burnout

Outcome Variable	Source	Sum of Squares	df	Mean Square	F	p	Partial η^2
Psychological flexibility	Pretest	2128.389	1	2128.389	32.69	< .001	.56
	Group	3286.327	2	1643.163	41.71	< .001	.57
	Error	1017.412	29	35.083	—	—	—
Marital burnout	Pretest	2852.412	1	2852.412	33.39	< .001	.59
	Group	3625.932	2	1812.966	45.41	< .001	.55
	Error	1210.732	29	41.749	—	—	—

As presented in Table 2, after controlling for baseline psychological flexibility, the effect of group on posttest psychological flexibility was statistically significant, $F = 41.71$, $p < .001$, with an effect size of $\eta^2 = .57$. The descriptive results showed that this significant effect reflected substantially higher posttest psychological flexibility among participants who received Acceptance and Commitment Therapy compared with those in the control group. Thus, ACT was effective in increasing psychological flexibility among couples experiencing family problems. The covariate representing pretest psychological flexibility

was also statistically significant, $F = 32.69$, $p < .001$, $\eta^2 = .56$, indicating that baseline psychological flexibility was significantly associated with posttest scores.

A statistically significant group effect was also observed for marital burnout after controlling for pretest marital burnout scores, $F = 45.41$, $p < .001$, $\eta^2 = .55$. Examination of the adjusted pattern together with the descriptive statistics indicated that participants in the experimental group reported substantially lower marital burnout following the intervention than participants in the control group. The pretest covariate was also significant, $F = 33.39$, $p < .001$, η^2

= .59. Therefore, the findings indicate that Acceptance and Commitment Therapy was effective not only in enhancing psychological flexibility but also in reducing marital burnout among couples with family problems. Overall, the magnitude of the reported effect sizes suggests that the intervention produced substantial changes in both psychological outcomes.

4. Discussion

The present study examined the effectiveness of Acceptance and Commitment Therapy (ACT) on psychological flexibility and marital burnout among couples with family problems. The findings showed that, after controlling for pretest scores, participants who received ACT demonstrated significantly higher psychological flexibility and significantly lower marital burnout than those in the control group. These findings indicate that an eight-session acceptance- and commitment-based intervention can produce meaningful changes in both an adaptive psychological capacity and a central indicator of relational distress. The results are particularly important because psychological flexibility and marital burnout represent two theoretically interconnected aspects of couple functioning. Psychological flexibility reflects the capacity to remain open to difficult internal experiences while acting in accordance with personally meaningful values, whereas marital burnout reflects accumulated emotional and relational exhaustion associated with persistent dissatisfaction, conflict, and unmet expectations. The simultaneous improvement in these two variables suggests that ACT may influence not only how couples experience distress but also how they respond behaviorally and psychologically to that distress.

The first major finding indicated that ACT significantly increased psychological flexibility among couples with family problems. This result is consistent with the theoretical foundation of ACT, in which psychological flexibility is considered the principal process of therapeutic change. The finding is also in agreement with research showing that acceptance- and commitment-based educational interventions can enhance psychological flexibility and marital stability among couples (Asghari Barmaei, 2025). Similarly, studies comparing ACT-based couple therapy with other therapeutic approaches have reported improvements in cognitive flexibility and family functioning, suggesting that acceptance-based methods may strengthen individuals' capacity to reconsider rigid interpretations and adopt more adaptive responses to marital

stress (Rafiei Saviri et al., 2022; Salehi et al., 2022). The present result also aligns with evidence from combined ACT and schema formulation interventions showing improvements in flexibility together with marital satisfaction and reductions in burnout (Borjali et al., 2024). Taken together, these findings support the view that ACT can facilitate greater openness, adaptability, and context-sensitive responding in individuals facing persistent interpersonal difficulties.

One explanation for the increase in psychological flexibility is that ACT directly targets experiential avoidance and rigid control strategies. Couples with family problems may repeatedly attempt to suppress anger, disappointment, fear of rejection, resentment, or distressing thoughts about their spouse. Although these strategies may provide temporary relief, they can narrow behavioral options and strengthen avoidance-based interaction patterns. ACT encourages individuals to recognize unpleasant internal events without making the elimination of those experiences a prerequisite for constructive action. Through acceptance and willingness, participants learn that uncomfortable emotions can be present without necessarily dictating their behavior. Through cognitive defusion, they are encouraged to observe distressing thoughts as psychological events rather than as objective facts that must automatically be obeyed. These processes may reduce the tendency to react impulsively to negative interpretations of the spouse or marital situation and may increase the capacity to choose more flexible responses.

The emphasis of ACT on present-moment awareness may also explain the observed improvement in flexibility. In marital conflict, individuals frequently respond not only to the immediate interaction but also to accumulated memories of previous disagreements, anticipated rejection, or generalized beliefs about the partner. This can lead to overgeneralized conclusions and automatic responses that are poorly matched to the current situation. Mindfulness and present-focused awareness may help spouses distinguish what is occurring in the present from what is being added by past experiences or future-oriented fears. This process can create psychological distance from rigid narratives about the relationship and increase the availability of alternative interpretations and behavioral responses. The positive association between acceptance, commitment, psychological flexibility, and marital adjustment reported in previous research supports this interpretation (Safa et al., 2024).

Values clarification and committed action may have provided an additional pathway through which psychological flexibility improved. Couples experiencing chronic conflict can become organized around short-term goals such as proving one's position, avoiding discomfort, withdrawing from difficult conversations, or attempting to change the partner. ACT redirects attention toward broader relational values such as intimacy, mutual respect, responsibility, compassion, support, and commitment. When individuals begin evaluating behavior in terms of whether it serves these values rather than whether it immediately reduces discomfort, they may become more willing to engage in constructive relational behaviors despite difficult emotions. This process is compatible with findings indicating that ACT can improve marital self-regulation and couple maintenance strategies among women experiencing marital conflict (Moradi Norouzi et al., 2025). It is also consistent with research demonstrating beneficial effects of ACT on responsibility and self-efficacy in individuals facing major interpersonal stressors (Hadian et al., 2023). These studies suggest that ACT may strengthen not only emotional openness but also intentional and value-consistent behavioral regulation.

The second major finding showed that ACT significantly reduced marital burnout among couples with family problems. This result is consistent with a substantial body of prior research. ACT has been found to reduce marital burnout among couples experiencing marital conflict (Jafarimanesh et al., 2021), and earlier research similarly demonstrated the efficacy of ACT in reducing burnout among couples (Morshedi et al., 2019). Comparative studies have also shown that ACT can be effective in reducing marital burnout relative to other therapeutic approaches, including cognitive-behavioral couple therapy and schema therapy (Moghim et al., 2022; Salehi et al., 2021). More recent findings indicate that ACT may reduce marital burnout while also improving self-regulation and relationship maintenance behaviors (Moradi Norouzi et al., 2025). The convergence between the present results and these studies strengthens the interpretation that ACT is clinically relevant to marital exhaustion and not limited to symptom reduction in unrelated psychological domains.

The reduction in marital burnout may be explained by the way ACT changes the relationship between individuals and distressing marital experiences. Burnout often develops when spouses experience repeated discrepancies between expectations and reality and respond with chronic disappointment, helplessness, emotional withdrawal, or

persistent attempts to control the relationship. ACT does not attempt to eliminate all disagreement or ensure that partners always experience positive emotions. Instead, it promotes a more workable relationship with disappointment, frustration, and vulnerability. When spouses become more willing to experience these emotions without escalating avoidance or defensive reactions, the emotional burden associated with marital difficulties may decrease. This is especially relevant in ongoing family problems that cannot be solved immediately and require sustained adaptation.

The present finding also corresponds with research demonstrating that ACT reduces marital burnout alongside related emotional difficulties. Farmanian found that ACT and mindfulness-based stress reduction could influence relational aggression and marital burnout in women with marital conflict (Farmanian, 2022). Similarly, realistic acceptance and commitment therapy has been associated with reductions in marital burnout and alexithymia (Mardani et al., 2023). ACT has also been reported to improve emotional expression among couples with marital burnout (Razmara et al., 2023). These findings are important because marital burnout is maintained not only by conflict frequency but also by how emotions are identified, expressed, tolerated, and regulated within the relationship. If ACT improves willingness to experience emotion and reduces avoidance, it may enable partners to communicate distress more directly and less defensively, thereby reducing the cumulative exhaustion characteristic of burnout.

Research involving populations affected by severe relational disruption provides further support for this interpretation. ACT has been shown to reduce marital burnout and improve other outcomes among women affected by marital infidelity (Sadeghi et al., 2021). It has also demonstrated beneficial effects on intimacy, forgiveness, and burnout among women affected by extramarital relationships (Najibzadegan et al., 2024). These findings suggest that ACT may remain useful even when marital distress is accompanied by substantial emotional injury. Although the participants in the present study were defined more broadly as couples with family problems, the observed reduction in marital burnout is consistent with the notion that acceptance-based interventions can facilitate adaptation even when negative relational experiences are intense.

Another possible mechanism underlying the reduction in marital burnout is the weakening of rigid expectations and unhelpful attachment-related reactions. Marital burnout often intensifies when individuals become fused with expectations about how their spouse must behave, what a

successful marriage must look like, or what specific emotional needs must always be met. When reality diverges from these rigid expectations, individuals may interpret the discrepancy as evidence of relational failure. ACT encourages defusion from such evaluative rules and promotes greater awareness of the distinction between values and rigid demands. This may allow spouses to maintain meaningful relational goals without insisting on complete control over the partner or the immediate emotional outcome of an interaction. Research showing that ACT can influence attachment behavior among women with marital burnout supports the possibility that changes in relational patterns may accompany reductions in burnout (Tarighi Shadmahani et al., 2024).

The improvement in marital burnout may also be linked to changes in broader relationship functioning. Previous studies have shown that ACT can affect family adaptability and mental well-being among women with couple conflicts (Hashemizadeh et al., 2025), as well as sexual satisfaction among women experiencing marital conflict (Mousavi Shabestari et al., 2025). These variables are relevant because burnout is rarely an isolated process. Emotional exhaustion in marriage is often intertwined with declining intimacy, reduced adaptability, weakened emotional connection, dissatisfaction, and repetitive conflict. If ACT increases the capacity to remain engaged with difficult internal experiences while choosing value-consistent behavior, improvements may extend across several interconnected dimensions of the relationship.

The simultaneous increase in psychological flexibility and decrease in marital burnout observed in the present study is theoretically meaningful. Psychological flexibility may function as a protective process that interrupts pathways leading from family stress to emotional exhaustion. When flexibility is low, individuals may become entangled with rigid judgments, react defensively to distress, and rely on avoidance or control strategies. These patterns can increase conflict and accelerate burnout. In contrast, flexible individuals may be more capable of tolerating temporary discomfort, considering alternative interpretations, and selecting behaviors that support long-term relational goals. This interpretation is supported by evidence linking psychological flexibility, acceptance, and commitment with marital adjustment (Safa et al., 2024) and by studies showing concurrent improvements in flexibility and marital outcomes following ACT-based interventions (Asghari Barmaei, 2025; Borjali et al., 2024). Therefore, the present results may reflect not two unrelated treatment effects but an integrated

therapeutic process in which greater flexibility reduces the conditions that maintain marital exhaustion.

The findings also correspond with the broader evidence base on ACT for couples. A recent systematic review and meta-analysis concluded that acceptance- and commitment-based interventions have meaningful applications in couple therapy and can improve relational and psychological outcomes (Barraca et al., 2025). The present findings contribute to this literature by demonstrating beneficial effects in couples presenting with general family problems rather than a single narrowly defined relational difficulty. This distinction is clinically relevant because counseling centers frequently serve couples whose difficulties involve multiple overlapping concerns, including conflict, emotional distance, communication problems, parenting disagreements, sexual dissatisfaction, financial stress, and family-of-origin issues. The effectiveness of ACT in such a context suggests that a transdiagnostic process such as psychological flexibility may be particularly useful because it can be applied across diverse forms of relational distress.

The results should also be interpreted in relation to comparative evidence showing that ACT can perform favorably alongside other established therapeutic approaches. Studies comparing ACT with cognitive-behavioral couple therapy, schema therapy, mindfulness-based stress reduction, reality therapy, and emotion-focused couple therapy have reported beneficial effects on different aspects of marital functioning (Farmanian, 2022; Moghim et al., 2022; Mousavi Shabestari et al., 2025; Salehi et al., 2021; Tarighi Shadmahani et al., 2024). These findings do not imply that ACT is universally superior to alternative approaches, but they do indicate that it represents a credible evidence-informed intervention for relational distress. Its particular strength may lie in the emphasis on changing individuals' relationships with thoughts and emotions rather than attempting to directly dispute or eliminate every distressing cognition. This may be especially useful for couples whose family problems involve chronic, recurring, or only partially controllable stressors.

5. Conclusion

Overall, the present findings support the theoretical and empirical relevance of psychological flexibility in couple functioning and reinforce the utility of ACT for reducing marital burnout. By promoting acceptance, defusion, present-moment awareness, values clarification, and committed action, ACT may help couples reduce rigid

avoidance-based interaction patterns and respond more adaptively to family stress. The consistency of the present results with previous research on marital burnout, flexibility, emotional expression, family adaptability, attachment behavior, self-regulation, and marital adjustment provides convergent support for the effectiveness of this therapeutic approach (Jafarimanesh et al., 2021; Mardani et al., 2023; Moradi Norouzi et al., 2025; Safa et al., 2024). These findings therefore suggest that ACT can be considered a useful intervention for couples experiencing family problems, particularly when treatment aims include both strengthening adaptive psychological processes and reducing relational exhaustion.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. First, the study used a relatively small sample recruited through convenience sampling from counseling centers in Tehran, which limits the generalizability of the results to couples in other geographic, cultural, socioeconomic, or clinical contexts. Second, the study relied primarily on self-report questionnaires, which may be influenced by social desirability, response bias, temporary mood, and participants' subjective interpretation of questionnaire items. Third, the quasi-experimental design and relatively short intervention period restrict conclusions regarding the long-term durability of the observed changes. The absence of a follow-up assessment means that it is not possible to determine whether improvements in psychological flexibility and marital burnout persisted after treatment ended. In addition, the control group did not receive an active comparison intervention, making it difficult to separate the specific effects of ACT from nonspecific therapeutic factors such as therapist attention, group participation, expectancy, and structured interpersonal support.

Future studies are recommended to replicate these findings with larger and more heterogeneous samples drawn from different cities, cultural backgrounds, and levels of marital distress. Randomized controlled trials with active comparison conditions would provide stronger evidence regarding the specific effects of ACT relative to other established couple interventions. Longitudinal designs with multiple follow-up assessments are also needed to evaluate the stability of treatment gains over time. Future research could examine whether changes in psychological flexibility mediate reductions in marital burnout and whether variables

such as attachment style, emotion regulation, marital duration, conflict severity, communication patterns, or socioeconomic stress moderate intervention outcomes. It would also be useful to include observational measures of couple interaction, partner-reported outcomes, clinician ratings, and behavioral indicators in addition to self-report measures. Dyadic statistical approaches could further clarify whether changes in one partner's psychological flexibility influence the other partner's marital functioning over time.

In practice, counselors and family therapists may consider incorporating ACT-based strategies into interventions for couples experiencing persistent family problems, particularly when rigid thinking, emotional avoidance, chronic conflict, and relational exhaustion are prominent. Clinical programs can emphasize acceptance of difficult internal experiences, cognitive defusion, mindfulness, clarification of relational values, and development of concrete value-consistent behaviors. Therapists should adapt exercises to the couple's specific relational context and help both partners translate abstract values into observable interactional behaviors such as attentive listening, respectful communication, emotional availability, collaborative problem solving, and sustained engagement during difficult conversations. Counseling centers may also consider integrating brief ACT-informed psychoeducational programs into routine services for distressed couples, while monitoring treatment progress through repeated assessment of psychological flexibility and marital burnout.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed to the research process and the development of the manuscript.

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

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