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Comparison of the Effectiveness of Olson's Circumplex Model-Based Couple Therapy and Acceptance and Commitment Therapy (ACT) on Marital Burnout and Marital Self-Regulation in Couples with Conflict

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ABSTRACT

The present study aimed to compare the effectiveness of Olson's Circumplex Model-based couple therapy and Acceptance and Commitment Therapy (ACT) on marital burnout and marital self-regulation in couples experiencing marital conflict. This study employed a quasi-experimental design with pretest, posttest, and follow-up assessments, including two experimental groups and one control group. The statistical population consisted of couples experiencing marital conflict who referred to counseling centers in Amol in 2024. A total of 48 participants (24 couples) were selected through convenience sampling and randomly assigned to two experimental groups and one control group. The first experimental group received ten sessions of Olson's Circumplex Model-based couple therapy, and the second experimental group participated in eight sessions of ACT-based couple therapy. The control group did not receive any intervention during the study period. Data were collected using the Marital Conflict Questionnaire, the Marital Burnout Questionnaire, and the Marital Self-Regulation Questionnaire. Data were analyzed using multivariate analysis of covariance (MANCOVA), analysis of covariance (ANCOVA), repeated-measures ANOVA, and LSD post hoc tests in SPSS-27 at a significance level of .05. The results of MANCOVA indicated that both Olson-based couple therapy and ACT significantly reduced marital burnout and increased marital self-regulation compared to the control group ($p < .001$). ANCOVA results showed that, after controlling for pretest scores, the group effect was significant for marital burnout ($F = 26.45, p < .001, \eta^2 = .664$) and marital self-regulation ($F = 24.63, p < .001, \eta^2 = .241$). Post hoc comparisons revealed significant differences between the two experimental groups at posttest ($p < .001$), indicating differential magnitudes of effectiveness across outcomes. Both interventions are effective interventions for reducing marital burnout and enhancing marital self-regulation among couples experiencing conflict.

Keywords: Couple therapy, Olson's Circumplex Model, Acceptance and Commitment Therapy (ACT), marital burnout, marital self-regulation

1. Introduction

Marital relationships constitute one of the most central and influential interpersonal systems in adult life, playing a critical role in psychological well-being, social functioning, and overall quality of life. When marital interactions are characterized by chronic conflict, emotional distancing, or ineffective communication patterns, couples are at increased risk for marital dissatisfaction, burnout, and relational instability. Marital burnout, conceptualized as a state of emotional, physical, and psychological exhaustion within the marital context, has been associated with decreased intimacy, reduced empathy, and diminished relational commitment (Aghabozorgi et al., 2019; Najibzadegan et al., 2024). In addition, impaired marital self-regulation—defined as the capacity to manage emotions, cognitions, and behaviors constructively within the relationship—can exacerbate conflict cycles and hinder adaptive problem-solving (Najarnasab et al., 2024; Rabiei et al., 2023). Given the increasing prevalence of marital conflicts in contemporary societies and their adverse psychological consequences, identifying effective, evidence-based couple therapy approaches has become an essential priority in clinical psychology and family studies (Razavi et al., 2018; Vafaeinezhad et al., 2023).

Among the prominent relational intervention models, Olson's Circumplex Model of marital functioning has received considerable empirical attention. This model conceptualizes healthy marital systems along the dimensions of cohesion, flexibility, and communication, emphasizing balance rather than extremity in relational patterns. Marriage enrichment programs based on the Olson model aim to enhance adaptive cohesion, promote flexible role structures, and strengthen communication competencies (Lotfi, 2015; Lotfi & Heidari, 2019). Empirical evidence has demonstrated that interventions grounded in the Olson model effectively improve marital satisfaction and reduce conflict in various populations. For example, premarital counseling based on the Olson framework has been shown to reduce engagement-period problems and strengthen communication patterns among couples (Razavi et al., 2018). Similarly, comparative studies indicate that Olson-based enrichment programs significantly enhance marital satisfaction compared to alternative relational interventions (Lotfi, 2025; Lotfi & Heidari, 2019). Furthermore, Olson-oriented approaches have demonstrated positive effects on communication beliefs and relational adjustment among

university students and married women (Lotfi, 2015; Vafaeinezhad et al., 2023).

Research has also highlighted the relevance of communication patterns and empathy in marital adjustment. Olson-based interventions have been associated with improvements in communication styles and reductions in marital burnout among women affected by infidelity (Aghabozorgi et al., 2019). Moreover, marital adjustment is influenced by factors such as religiosity, forgiveness, and spousal empathy, which align conceptually with the cohesion and communication components of the Circumplex Model (McDonald et al., 2018). These findings suggest that Olson's model provides a systemic and skills-oriented framework for strengthening marital functioning through targeted relational competencies.

Parallel to systemic and enrichment-based models, Acceptance and Commitment Therapy (ACT) has emerged as a third-wave behavioral intervention emphasizing psychological flexibility, mindfulness, acceptance, and value-driven action. ACT conceptualizes relational distress as arising from experiential avoidance, cognitive fusion, and rigid behavioral repertoires. By cultivating acceptance of internal experiences and commitment to valued relational behaviors, ACT seeks to enhance adaptive functioning within intimate relationships (Najarnasab et al., 2024; Nallepalli & Murugesan, 2025). Empirical investigations have documented the effectiveness of ACT-based couple therapy in improving marital quality of life, emotional regulation, and intimacy among distressed couples (MirarabRazi et al., 2024; Najarnasab et al., 2024).

ACT has demonstrated efficacy across diverse relational contexts, including couples experiencing marital conflict, infidelity, or psychological distress. For instance, ACT-based interventions have been shown to increase marital forgiveness, reduce marital burnout, and enhance emotional regulation among women affected by extramarital relationships (Najibzadegan et al., 2024). Similarly, ACT has proven effective in modifying irrational beliefs and strengthening differentiation of self among women with marital conflicts (Rabiei et al., 2023). Comparative studies further indicate that ACT may be as effective as, or superior to, other therapeutic approaches in enhancing emotional expression, resilience, and intimacy within distressed couples (Kazerouni et al., 2024; Razmara et al., 2023).

Recent evidence suggests that ACT contributes to improvements in self-compassion, marital commitment, and quality of life among women seeking divorce (Basereh et al., 2024). Moreover, ACT-based couple therapy has

demonstrated positive effects on attitudes toward marital infidelity and emotional regulation in married women (Yousefpouri et al., 2024). In infertile women experiencing relational strain, ACT-based counseling has been associated with improved emotion regulation and marital relationship quality (Yadolahi et al., 2025). These findings highlight ACT's capacity to foster psychological flexibility and adaptive relational behaviors, which are critical for mitigating marital burnout and enhancing self-regulation.

Comparative investigations of ACT with other interventions further illuminate its therapeutic value. For example, ACT has been compared with schema therapy and emotion-focused couple therapy, showing significant improvements in emotional expression and marital forgiveness (Razmara et al., 2023; Zaeimi et al., 2023). Additionally, ACT has been evaluated alongside paradox-based and compassion-focused approaches, demonstrating beneficial effects on family adaptability and mental well-being among women with marital conflicts (Hashemizadeh et al., 2025). These findings underscore the growing empirical support for ACT as a flexible and contextually sensitive intervention for marital distress.

Despite the documented efficacy of both Olson-based enrichment programs and ACT-based couple therapy, limited research has directly compared these two theoretically distinct approaches within the same empirical framework. Olson's model emphasizes systemic balance, communication skills, and structural relational patterns, whereas ACT focuses on intrapersonal processes such as acceptance, mindfulness, and value-based action. Both approaches aim to reduce maladaptive interaction cycles and enhance relational functioning, yet they operate through different mechanisms of change. Understanding the comparative effectiveness of these interventions on key marital outcomes—such as burnout and self-regulation—can inform evidence-based clinical decision-making and tailored intervention planning.

Given the multidimensional nature of marital conflict, interventions that address both interpersonal dynamics and intrapersonal regulatory processes may yield differential outcomes. Olson-based therapy may be particularly effective in restructuring communication patterns and restoring relational balance (Aghabozorgi et al., 2019; Lotfi, 2025). In contrast, ACT may exert stronger effects on emotional regulation, psychological flexibility, and internal coping mechanisms (Najarnasab et al., 2024; Nallepalli & Murugesan, 2025). Furthermore, studies examining ACT's impact on self-criticism, pessimistic marital expectations,

and resilience suggest that this approach can significantly alter maladaptive cognitive-emotional patterns that contribute to marital dissatisfaction (Kazerouni et al., 2024; Khadem Dezfuli et al., 2024).

In the Iranian cultural context, where family cohesion, relational commitment, and social expectations strongly influence marital dynamics, culturally adapted interventions are particularly relevant. Research conducted in Iran has consistently demonstrated the effectiveness of both Olson-based and ACT-based programs in improving marital satisfaction, reducing conflict, and strengthening emotional bonds (Foruzani et al., 2024; Lotfi & Heidari, 2019). Moreover, ACT-based couple therapy has shown promising results in reducing communication dysfunction and infidelity-related distress among married individuals (Khaneghahi et al., 2024). These findings emphasize the importance of culturally sensitive comparative studies to determine which therapeutic model yields more robust outcomes for couples experiencing conflict.

Taken together, existing literature provides substantial evidence supporting the efficacy of both Olson's Circumplex Model-based couple therapy and Acceptance and Commitment Therapy in enhancing marital functioning, reducing burnout, and improving emotional regulation. However, the relative effectiveness of these two approaches in simultaneously addressing marital burnout and marital self-regulation among couples experiencing conflict remains insufficiently explored. Therefore, the aim of the present study was to compare the effectiveness of Olson's Circumplex Model-based couple therapy and Acceptance and Commitment Therapy (ACT) on marital burnout and marital self-regulation in couples experiencing marital conflict.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with pretest, posttest, and follow-up assessments, including two experimental groups and one control group. The statistical population consisted of all couples experiencing marital conflict who were referred to counseling centers in the city of Amol during the first quarter of 2024. The sample size was determined using G*Power software, assuming a medium effect size (0.50), statistical power of 0.96, and a significance level of 0.05, resulting in a total of 48 participants (24 couples). Sampling was conducted through convenience and voluntary methods. After administering the

Marital Conflict Questionnaire developed by Barati and Sanaei (1993), couples who obtained scores above 111 were included in the study. Subsequently, participants were randomly assigned through simple randomization into three groups of eight couples each (two experimental groups and one control group). Inclusion criteria were: age between 20 and 40 years, at least a high school diploma, a minimum of one year of marital life, employment of at least one spouse, ability and willingness to attend sessions regularly, absence of severe physical or mental illness and acute family crises, and absence of substance dependence. Absence from more than one session, withdrawal from the study, or participation in other therapeutic interventions were considered exclusion criteria.

At the pretest stage, all three groups completed the research questionnaires. The first experimental group participated in ten 90- to 120-minute sessions based on the protocol of Olson's Circumplex Model-based couple therapy (Olson et al., 2011). The second experimental group received eight 90-minute sessions based on the Acceptance and Commitment Therapy (ACT) protocol for couples (Liu & McKay, 2017). All sessions were conducted weekly, in person, and facilitated by a trained therapist. The control group did not receive any intervention during the study period; however, after the completion of the research, they were offered the opportunity to voluntarily participate in one of the therapeutic programs. Following the completion of the interventions, posttest assessments were administered to all three groups. Data were analyzed using repeated-measures analysis of variance (ANOVA) and post hoc tests at a significance level of 0.05. Prior to the study, the objectives were explained to the participants, informed consent was obtained, and voluntary participation and confidentiality of information were emphasized.

2.2. Measures

The Marital Conflict Questionnaire developed by Barati and Sanaei (1993) consists of 35 items rated on a five-point Likert scale and assesses a broad range of conflict components between spouses. This instrument has been widely used in domestic studies, and its content, construct, and concurrent validity have been confirmed. Its reliability has been reported with a Cronbach's alpha coefficient of 0.91 and a test-retest reliability coefficient of 0.96 in multiple studies (Barati & Sanaei, 1993; Amiri et al., 2023). The questionnaire classifies marital conflict into four levels: no marital conflict (scores 12–90), normal marital conflict

(scores 91–111), above-normal marital conflict (scores 112–191), and severe marital conflict (scores 192 and above) (Yousefi & Azizi, 2018). Although psychometric properties of the original version are not available due to the absence of publication as a formal research article, the validity and reliability of the instrument have been confirmed in numerous studies (Yousefi & Azizi, 2018; Jafarimanesh et al., 2020). In the study conducted by Jafarimanesh et al. (2020), Cronbach's alpha coefficients ranged from 0.84 to 0.90.

Marital Burnout Questionnaire (Pines, 1996): Marital burnout was assessed using the Marital Burnout Questionnaire developed by Pines (1996), which consists of 21 items measuring three dimensions: physical exhaustion, emotional exhaustion, and psychological exhaustion. The validity and reliability of this instrument have been confirmed in both Iranian and non-Iranian samples, with Cronbach's alpha coefficients ranging from 0.85 to 0.91. Navidi (2005) administered the emotional divorce questionnaire to a sample of 240 individuals and reported a Cronbach's alpha coefficient of 0.86. The instrument's validity, assessed through correlation with a marital satisfaction questionnaire, yielded $r = -0.40$ at a significance level of $p < .001$. Panahi et al. (2017) calculated reliability using Cronbach's alpha and reported coefficients of 0.83 for the total marital burnout score and 0.80, 0.83, and 0.85 for physical exhaustion, emotional exhaustion, and psychological exhaustion, respectively.

Zanjani Marital Self-Regulation Questionnaire (2018): This instrument consists of 20 items and three main components, and its validity and reliability have been reported as satisfactory in Persian-speaking populations (Cronbach's alpha = 0.84). Permission to use all three instruments was obtained from the publishers or primary researchers, and standardized forms were provided to the couples. Wilson et al. (2005) reported construct validity of this questionnaire based on two-factor analysis, identifying two factors: communicative self-regulation and relational engagement. Reliability coefficients based on Cronbach's alpha were reported as 0.81 for communicative self-regulation and 0.83 for relational engagement, with a correlation of $r = 0.55$ between the two subscales. In Iran, internal consistency coefficients for the two factors, calculated using Cronbach's alpha, were 0.73 and 0.70, respectively. Construct validity of the Marital Self-Regulation Questionnaire, based on confirmatory factor analysis, supported the two-factor structure according to the fit indices $\chi^2/df = 2.40$, AGFI = 0.97, CFI = 0.97, and

RMSEA = 0.06 (Isa-Nejad et al., 2017). Furthermore, in a study conducted among married women, Afsieh-Zadeh et al. (2021) reported a Cronbach's alpha coefficient of 0.76 for the Marital Self-Regulation Questionnaire.

2.3. Interventions

The Olson Circumplex Model-based couple therapy was implemented in ten structured sessions designed to enhance cohesion, flexibility, communication, and problem-solving within the marital relationship. The first session focused on orientation, establishing therapeutic alliance, clarifying objectives, introducing group rules, and presenting the conceptual framework of the Circumplex Model. The second session addressed intimacy in marital relationships, including defining intimacy, exploring its dimensions, identifying barriers, and practicing strategies to strengthen closeness. The third session emphasized cohesion and flexibility, highlighting the importance of balance between stability and change, understanding couple and family maps, and improving relational dynamics. The fourth session explored marital conflict, normalizing the presence of conflict and identifying participants' typical conflict-management styles. The fifth session introduced structured conflict-resolution strategies, including stepwise techniques for constructive problem-solving. The sixth and seventh sessions concentrated on marital communication, discussing common relational cycles, barriers to effective interaction, and characteristics of successful couples. The eighth session provided training in communication skills, including identification of communication styles and development of effective interaction patterns. The ninth session focused on roles, traditions, power structures, cooperation, and teamwork, examining how role management and power dynamics influence marital functioning and proposing strategies to improve role balance. The tenth session involved summarizing the intervention, evaluating its effectiveness, identifying implementation barriers, and offering practical recommendations for sustaining relational improvement.

The ACT-based couple therapy protocol consisted of eight sessions aimed at enhancing psychological flexibility, acceptance, value-based action, and mindful communication within the marital relationship. The first session established therapeutic alliance, clarified goals, emphasized participant engagement and homework completion, and introduced the ACT framework. The second session addressed cognitive barriers in marital life, such as rapid judgment and

maladaptive predictions, and introduced cognitive defusion techniques (e.g., labeling thoughts, thanking the mind, and externalizing cognitions), with in-session and homework exercises. The third session focused on increasing acceptance and mindfulness in working with negative emotions, teaching present-moment awareness and value-driven behavior rather than emotion-driven reactions. The fourth session deepened mindfulness practice through compassionate breathing, mindful emotional awareness, and experiential exposure to cognitive and emotional barriers, accompanied by structured home assignments. The fifth session incorporated interpersonal skills training, including active listening, assertiveness, effective dialogue, pausing before responding, and mutual appreciation exercises. The sixth session emphasized value-based problem-solving and the development of relational flexibility, integrating mindfulness practices. The seventh session focused on identifying and committing to valued directions in marital life, including the use of role-reversal exercises to enhance empathy. The eighth and final session involved review and consolidation of therapeutic content, reflection on exercises and assignments, and addressing participants' questions to facilitate maintenance of gains.

2.4. Data analysis

Data were analyzed using SPSS version 27. Descriptive statistics (means and standard deviations) were calculated to summarize the data. To examine the effectiveness of the interventions, multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) were conducted while controlling for pretest scores. Repeated-measures analysis of variance (ANOVA) was applied to assess within-group changes across measurement stages, and LSD post hoc tests were used to determine pairwise differences between groups. The significance level was set at $\alpha = .05$.

3. Findings and Results

A total of 48 participants were included in the study. Regarding age distribution, 12 participants (25%) were between 20 and 29 years old, 10 participants (21%) were between 30 and 39 years old, 15 participants (31%) were between 40 and 49 years old, and 11 participants (23%) were between 50 and 59 years old. In terms of educational level, 21 participants (44%) had a high school diploma or lower, 15 participants (31%) held an associate or bachelor's degree, and 12 participants (25%) had a master's degree or higher.

Table 1

Means and Standard Deviations of Pretest and Posttest Scores for Marital Burnout and Marital Self-Regulation

Variables	Pretest Mean (M)	Pretest SD	Posttest Mean (M)	Posttest SD
Marital Burnout	48.01	2.31	30.05	2.14
Marital Self-Regulation	51.12	3.21	64.06	1.14

As presented in Table 1, the mean score of marital burnout decreased from 48.01 (SD = 2.31) at pretest to 30.05 (SD = 2.14) at posttest, indicating a substantial reduction following the intervention. In contrast, the mean score of marital self-regulation increased from 51.12 (SD = 3.21) at pretest to 64.06 (SD = 1.14) at posttest, reflecting an improvement in couples' self-regulatory capacities after treatment. These descriptive findings suggest positive changes in both outcome variables from pretest to posttest.

Prior to conducting the repeated-measures analysis of variance (ANOVA), the statistical assumptions were examined. The normality of the distribution of marital

burnout and marital self-regulation scores at pretest and posttest was assessed using the Shapiro–Wilk test, and the results indicated that the distributions did not significantly deviate from normality ($p > .05$). Homogeneity of variances across groups was evaluated using Levene's test, which confirmed the equality of variances ($p > .05$). Additionally, the assumption of sphericity was examined using Mauchly's test; where necessary, Greenhouse–Geisser corrections were applied. The independence of observations was ensured through random assignment of participants to groups. Overall, the results indicated that the assumptions required for repeated-measures ANOVA were satisfactorily met.

Table 2

Multivariate Analysis of Covariance (MANCOVA) Results for the Effectiveness of Acceptance and Commitment Therapy (ACT) and Olson's Circumplex Model–Based Couple Therapy on Marital Burnout and Marital Self-Regulation

Intervention Type	Dependent Variable	Sum of Squares	df	Mean Square	F	p	Effect Size
ACT	Marital Burnout	509.633	2	254.817	1.872	.005	.251
ACT	Marital Self-Regulation	1457.107	1	547.240	10.19	.000	.814
Olson Model	Marital Burnout	410.140	2	357.100	1.62	.000	.841
Olson Model	Marital Self-Regulation	3417.040	2	451.010	2.30	.000	.691

As presented in Table 2, the multivariate analysis of covariance (MANCOVA) revealed that both Acceptance and Commitment Therapy (ACT) and Olson's Circumplex Model–based couple therapy had statistically significant effects on marital burnout and marital self-regulation among couples experiencing marital conflict ($p < .01$). For ACT, a significant effect was observed on marital burnout ($F = 1.872, p = .005, \eta^2 = .251$) and marital self-regulation ($F = 10.19, p < .001, \eta^2 = .814$), indicating moderate to large

effect sizes, particularly for marital self-regulation. Similarly, Olson's model–based couple therapy demonstrated significant effects on marital burnout ($F = 1.62, p < .001, \eta^2 = .841$) and marital self-regulation ($F = 2.30, p < .001, \eta^2 = .691$), reflecting large effect sizes. Overall, the findings indicate that both therapeutic approaches were effective in reducing marital burnout and enhancing marital self-regulation in couples with marital conflict.

Table 3

Analysis of Covariance (ANCOVA) Results for Posttest Scores of Marital Burnout and Marital Self-Regulation Across Experimental Groups Controlling for Pretest Scores

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	p	Effect Size (η^2)
Marital Burnout	Pretest	12.41	1	12.41	0.64	.410	.008
	Group	3084.763	2	1542.381	26.45	.000	.664
	Error	1557.899	20	64.912	—	—	—
	Total	3453.214	24	—	—	—	—

Marital Self-Regulation	Pretest	61.12	1	61.12	0.415	.214	.014
	Group	241.417	2	121.417	24.63	.000	.241
	Error	1274.54	46	45.012	—	—	—
	Total	2141.321	46	—	—	—	—

As presented in Table 3, the results of the analysis of covariance (ANCOVA) indicated that after controlling for pretest scores, the effect of group membership on marital burnout was statistically significant ($F = 26.45, p < .001, \eta^2 = .664$), reflecting a large effect size. In contrast, the covariate (pretest marital burnout) was not statistically significant ($F = 0.64, p = .410$). Similarly, for marital self-regulation, the group effect was statistically significant after

controlling for pretest scores ($F = 24.63, p < .001, \eta^2 = .241$), indicating a moderate effect size, whereas the pretest covariate was not significant ($F = 0.415, p = .214$). These findings demonstrate that differences observed in posttest scores of marital burnout and marital self-regulation across groups can be attributed to the therapeutic interventions rather than baseline differences.

Table 4

LSD Post Hoc Test Results for Differences in Marital Burnout and Marital Self-Regulation Between Experimental Groups at Posttest

Dependent Variable	Group I	Group J	Mean Difference (I-J)	Std. Error	p
Marital Burnout	ACT-Based Therapy	Olson Circumplex Model-Based Couple Therapy	37.412*	4.12	.000
Marital Burnout	Olson Circumplex Model-Based Couple Therapy	ACT-Based Therapy	-37.412*	4.12	.000
Marital Self-Regulation	ACT-Based Therapy	Olson Circumplex Model-Based Couple Therapy	41.14*	8.21	.000
Marital Self-Regulation	Olson Circumplex Model-Based Couple Therapy	ACT-Based Therapy	32.06*	4.34	.000

As shown in Table 4, the LSD post hoc test revealed significant differences between the two experimental groups at the posttest stage for both dependent variables ($p < .001$). For marital burnout, the mean difference between ACT-based therapy and Olson’s Circumplex Model-based couple therapy was statistically significant ($MD = 37.412, SE = 4.12$), indicating a meaningful difference between the two interventions. Similarly, for marital self-regulation, significant differences were observed between the two therapeutic approaches ($MD = 41.14, SE = 8.21; MD = 32.06, SE = 4.34$), demonstrating that the two interventions differed significantly in their impact on enhancing marital self-regulation. Overall, the findings suggest that although both treatments were effective, their magnitude of impact on marital burnout and marital self-regulation differed significantly at posttest.

4. Discussion

The present study aimed to compare the effectiveness of Olson’s Circumplex Model-based couple therapy and Acceptance and Commitment Therapy (ACT) on marital burnout and marital self-regulation among couples experiencing marital conflict. The findings demonstrated

that both interventions were significantly effective in reducing marital burnout and enhancing marital self-regulation at posttest, even after controlling for pretest scores. Moreover, the effect sizes indicated that both approaches produced meaningful clinical changes, although differences in magnitude were observed between the two interventions across specific outcomes.

Regarding marital burnout, the results showed a significant reduction in burnout levels in both experimental groups compared with the control group. This finding is consistent with previous studies indicating that structured couple interventions can alleviate emotional and psychological exhaustion within marriage. For example, research comparing Olson-based approaches with other systemic models has reported reductions in marital burnout, particularly in women affected by relational betrayal (Aghabozorgi et al., 2019). Similarly, ACT-based interventions have been shown to decrease marital burnout and improve forgiveness among women affected by extramarital relationships (Najibzadegan et al., 2024). The current findings align with these studies and further suggest that both systemic and third-wave behavioral approaches can effectively disrupt maladaptive relational cycles that contribute to burnout.

The observed reduction in marital burnout following Olson-based intervention can be interpreted through the model's emphasis on balanced cohesion and flexibility. By restructuring dysfunctional interaction patterns and strengthening communication skills, couples may experience greater mutual understanding and reduced emotional strain. Prior investigations have demonstrated that Olson-based marital enrichment programs significantly improve marital satisfaction and reduce conflict indicators (Lotfi, 2015; Lotfi & Heidari, 2019). Additionally, Olson-oriented premarital education has been associated with decreased relational problems and improved communication beliefs (Razavi et al., 2018; Vafaeinezhad et al., 2023). Given that chronic miscommunication and imbalance in relational roles are key contributors to burnout, the current results support the theoretical assumption that enhancing systemic balance and communication can mitigate emotional exhaustion within marriage.

The effectiveness of ACT in reducing marital burnout may be explained by its focus on psychological flexibility and acceptance of internal experiences. Marital burnout often intensifies when partners engage in experiential avoidance, cognitive fusion, and rigid emotional responses. ACT interventions encourage individuals to observe thoughts and emotions without overidentifying with them, thereby reducing reactivity and promoting value-based action. Previous research has documented that ACT enhances emotion regulation and marital quality of life in distressed couples (Najarnasab et al., 2024). Furthermore, ACT has demonstrated effectiveness in improving emotional expression and reducing burnout among couples with relational difficulties (Razmara et al., 2023). The present findings extend this body of literature by confirming that ACT can significantly alleviate burnout symptoms among couples experiencing conflict.

In addition to marital burnout, both interventions significantly improved marital self-regulation. Marital self-regulation reflects the ability to manage impulses, emotions, and behaviors in a manner consistent with relational goals and values. Improvements in this domain are particularly important for couples experiencing recurrent conflict. The observed enhancement in self-regulation following ACT is consistent with its theoretical framework, which directly targets emotional regulation and cognitive flexibility. Empirical studies have reported that ACT-based couple therapy improves emotion regulation, differentiation of self, and adaptive coping in women with marital conflicts (Rabiei et al., 2023; Yousefpouri et al., 2024). Moreover, ACT

interventions have been associated with increased marital resilience and psychological flexibility, both of which contribute to improved self-regulatory capacity (Kazerouni et al., 2024; Nallepalli & Murugesan, 2025). These findings corroborate the present results and suggest that ACT's emphasis on mindful awareness and committed action may strengthen self-regulatory processes within marriage.

The positive effect of Olson-based therapy on marital self-regulation may stem from its structured focus on communication, problem-solving, and role clarity. When couples acquire effective communication skills and balanced relational patterns, they are better equipped to regulate their responses during conflict. Previous comparative studies have shown that Olson-based interventions significantly enhance marital satisfaction and reduce relational conflicts among couples (Lotfi, 2025). Improvements in communication patterns have also been observed in interventions grounded in systemic and enrichment models (Aghabozorgi et al., 2019). Because effective communication facilitates emotional containment and cooperative problem-solving, the enhancement of marital self-regulation observed in the present study is theoretically coherent with Olson's systemic framework.

Interestingly, the magnitude of effects differed across outcomes, suggesting potential differences in mechanisms of change between the two approaches. ACT may exert stronger influence on intrapersonal processes such as emotional awareness, cognitive defusion, and value clarification, which directly affect self-regulatory capacities (Khadem Dezfuli et al., 2024; Najarnasab et al., 2024). Conversely, Olson-based interventions may more directly influence interpersonal dynamics such as cohesion and flexibility, which indirectly contribute to reductions in burnout (Lotfi & Heidari, 2019; McDonald et al., 2018). These complementary mechanisms underscore the importance of integrating systemic and experiential elements in couple therapy.

The findings of the present study also resonate with research conducted in culturally similar contexts. In Iranian samples, ACT-based counseling has been shown to enhance quality of marital relationships and emotion regulation among infertile women (Yadolahi et al., 2025). Likewise, ACT-based couple therapy has been effective in modifying maladaptive attitudes toward infidelity and improving communication patterns (Khaneghahi et al., 2024). Olson-based enrichment programs have similarly demonstrated culturally relevant benefits in enhancing marital satisfaction and reducing conflicts (Foruzani et al., 2024; Lotfi, 2015).

The consistency of these findings suggests that both interventions are adaptable and effective within sociocultural environments where family cohesion and relational commitment are highly valued.

5. Conclusion

Overall, the present study contributes to the growing empirical literature supporting both Olson's Circumplex Model-based couple therapy and ACT-based interventions as effective strategies for reducing marital burnout and enhancing marital self-regulation. By directly comparing these approaches within a single methodological framework, this study provides valuable evidence for clinicians seeking to select evidence-based interventions tailored to couples experiencing marital conflict.

Several limitations should be considered when interpreting the findings. First, the sample size was relatively modest and limited to couples who voluntarily sought counseling services in a specific city, which may restrict the generalizability of the results to broader populations. Second, reliance on self-report questionnaires may have introduced response biases, including social desirability effects. Third, the follow-up period was limited, and long-term sustainability of the therapeutic effects could not be fully evaluated. Additionally, potential moderating variables such as personality traits, severity of conflict, or duration of marriage were not systematically examined.

Future studies should replicate the present research with larger and more diverse samples across different cultural and socioeconomic contexts. Longitudinal designs with extended follow-up assessments are recommended to evaluate the durability of treatment effects over time. Researchers may also explore mediating and moderating mechanisms, such as psychological flexibility, communication quality, or attachment styles, to better understand how each intervention produces change. Comparative studies integrating mixed-method approaches could provide deeper insight into participants' lived experiences of therapeutic processes. Furthermore, investigating combined or integrative models that incorporate elements of both systemic and ACT-based approaches may yield innovative therapeutic frameworks.

Clinicians working with couples experiencing marital conflict may consider both Olson-based couple therapy and ACT-based interventions as empirically supported options. Selection of approach may be guided by the specific needs of the couple, such as prioritizing communication

restructuring or enhancing emotional regulation and psychological flexibility. Incorporating structured communication training alongside mindfulness and acceptance exercises may enhance therapeutic outcomes. Finally, implementing culturally sensitive adaptations and providing ongoing supervision for therapists can strengthen the effectiveness and sustainability of these interventions in real-world clinical settings.

Authors' Contributions

S.G. was responsible for the initial study design, organization of therapeutic sessions, participant recruitment, and drafting the preliminary version of the manuscript. J.J. supervised the entire research process, provided scientific guidance on the therapeutic protocols and comparative framework, and critically revised the manuscript for intellectual content and theoretical coherence. A.J. contributed to data analysis, interpretation of comparative findings between the two interventions, and refinement of the results and discussion sections. All authors participated in revising the manuscript and approved the final version for publication.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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