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The Effectiveness of Acceptance and Commitment Therapy on Marital Burnout, Marital Self-Regulation, and Couple Maintenance Strategies in Married Women with Marital Conflicts

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ABSTRACT

Objective: The present study aimed to investigate the effectiveness of Acceptance and Commitment Therapy (ACT)-based training on marital burnout, marital self-regulation, and couple maintenance strategies among married women with marital conflicts in Ahvaz in 2023.

Methods: The study population included approximately 300 married women experiencing marital conflict who visited counseling centers in Ahvaz. Following initial screening and interviews, 30 participants were selected through purposive sampling and randomly assigned to an experimental group (n=15) and a control group (n=15). After administering the pre-test, the experimental group received ACT-based intervention training for eight weeks, with one 90-minute session each week. Data were collected using the Marital Burnout Scale (Pines, 1998), the Marital Self-Regulation Questionnaire (Wilson et al., 2003), and the Couple Maintenance Strategies Questionnaire (Buss et al., 2008). Data analysis was performed using repeated measures ANOVA in SPSS-22.

Results: The findings showed that Acceptance and Commitment Therapy had a significant positive effect, leading to improvements in marital burnout, marital self-regulation, and couple maintenance strategies, and these effects persisted through the follow-up phase ($P < 0.05$).

Conclusions: Acceptance and Commitment Therapy can be effectively used as an intervention to improve marital relationships among married women experiencing conflict.

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Introduction

Marriage is the prelude to forming a family and, as the most esteemed social institution for fulfilling adults' emotional and security needs, has always been endorsed (Drake et al., 2016). Although a satisfying marriage is considered one of the key factors of mental health in society, if marriage and family life create unfavorable conditions and dissatisfaction between spouses in meeting each other's psychological needs, they may leave negative and sometimes irreparable consequences (Luo et al., 2022). In recent decades, family specialists have become increasingly interested in understanding the mechanisms that contribute to a successful marriage (Cheraghi et al., 2015). Today, marital conflict is widely recognized as a primary indicator of family cohesion and a central element in determining the family's quality of life (Khurshid et al., 2019). Conflict between couples is inherent in romantic relationships; however, when it occurs repeatedly, intensely, and remains unresolved, it can negatively affect marital and romantic relationship quality (Neumann et al., 2018). Disagreements, hostile and tense interactions between spouses, as well as disrespect and violations of dignity—often accompanied by verbal abuse—are manifestations of conflict (Zhou & Buhler, 2019). Emotional relationship management can serve as an effective barrier to reducing such conflicts (Moghim et al., 2022).

One aspect of emotional relationship management that has recently attracted considerable attention is mate retention strategies. These strategies refer to behaviors individuals use to safeguard their relationships by reducing the likelihood of partner defection or infidelity (Attari et al., 2017). Researchers have shown that mate retention strategies encompass a broad spectrum of behaviors ranging from caution and care to aggression (Attari & Chegini, 2017; Attari et al., 2017). These behaviors are categorized into two dimensions: benefit-provisioning and cost-inflicting. Benefit-provisioning behaviors involve relatively harmless actions aimed at highlighting positive aspects of the relationship for the partner, such as showing love and affection, purchasing expensive gifts, and attending to the partner's appearance—behaviors that essentially increase investment motivation in continuing the relationship. In contrast, cost-inflicting behaviors aim to impose costs on the partner to discourage leaving the relationship or prevent inappropriate reciprocation. Such behaviors often involve deception, threats of violence, and actual aggression. For example, an individual may falsely mention an emotional rival to prevent potential harm to the relationship (Buss et al., 2008).

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Fils et al. (2016) found that individuals with higher levels of neuroticism tend to make greater use of mate retention strategies, whereas those with higher agreeableness use these strategies less frequently. Objective evidence has also shown that couples who exercise self-regulation tend to have happier and more stable relationships compared to others, and in fact, one consequence of marital conflict is the absence of self-regulation within the relationship (Ghafourian-Mohibi & Karbalaei-Mohammad-Migouni, 2019). Marital self-regulation refers to the ways individuals implement behavioral changes—such as modifying beliefs, decisions, reactions, and goals—to improve their marital relationship (Shaffer et al., 2016). In other words, marital self-regulation indicates that despite the inherent difficulties of change and previous maladaptive behavioral patterns, couples intentionally and continuously work on their relationship, adapt to new behavioral changes, and respond to their partner's feedback (Isa-Nejad et al., 2017).

According to Shaffer et al. (2016), relational regulatory strategies between spouses are divided into two related yet distinct concepts. The first is relational self-regulation, which refers to how individuals use behavioral changes—such as adjustments in goals, decisions, beliefs, and reactions—to enhance the marital relationship. The second, relational self-regulation effort, refers to the continuous voluntary effort of couples to work on their relationship despite dysfunctional past patterns and the inherent difficulties of change. Accordingly, relational self-regulation focuses on processes that increase spouses' effective behaviors and enhance marital quality (Shaffer et al., 2016). Conflict is natural in any marital relationship; if couples manage conflict constructively and possess the ability to resolve it, even frequent conflict is not necessarily harmful (Seifert & Schwarz, 2011).

Another consequence of marital conflict is marital burnout, a painful state of physical, psychological, and emotional exhaustion that occurs when individuals lose the love they expected to experience in their marital life (Chen et al., 2022). Burnout is a gradual process that rarely appears suddenly; over time, love and intimacy fade and are replaced by a general sense of fatigue (Padash et al., 2020). Research in family studies indicates an increasing prevalence of marital burnout, with reports suggesting that up to 50 percent of couples experience it (Kiani et al., 2016). Sbarra (2015) showed that marital burnout and dysfunctional communication lead to marital dissatisfaction. Moreover, Mahmoudpour et al. (2020) found that factors such as marital burnout and distress create a context for spousal conflict and tendencies toward divorce. Similarly, Tslaplas

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et al. (2016) concluded that marital burnout leads to emotional detachment and the erosion of intimacy between spouses, hindering their ability to find appropriate solutions to conflicts.

Many therapeutic approaches have been examined for reducing marital conflicts and improving relationship satisfaction (Moghim et al., 2022). Over the past decades, treating distressed and conflicted couples has received significant attention from researchers and clinicians. Although traditional couple therapy has proven effective, concerns regarding its limitations and the sustainability of long-term change motivated its founders to develop a new approach known as integrative behavioral couple therapy. Nonetheless, concerns about long-term outcomes of couple therapy remain (Johnson & Leavitt, 2000). Additionally, inconsistencies in the earlier behavioral therapy traditions and the need to improve classical cognitive-behavioral therapy in explaining human language and cognition highlighted the necessity for the emergence of the third wave of cognitive-behavioral therapies (Hayes, 2016).

One such third-wave intervention is Acceptance and Commitment Therapy (ACT). According to ACT, distress, conflict, and emotional distance in couples stem from the rigid and ineffective control strategies of each partner and their experiential avoidance. Treating evaluative negative thoughts as literal truths and acting upon them maintains the negative relational cycle (Peterson et al., 2009). ACT emphasizes behavioral functioning rather than causal analysis, and through psychological flexibility, demonstrates why cognitive fusion and experiential avoidance are harmful (Hayes, 2016). This therapy aims to reduce experiential avoidance and attempts to control aversive internal experiences (Hayes et al., 2011). Hayes et al. (2006) argue that unsuccessful attempts to overcome or prevent pain led to deeper suffering, and only through proper acceptance of one's emotions can one save their life—and avoid complicating relationships by trying to turn them into something they are not. ACT teaches clients to accept their thoughts and feelings, choose new ways of living, and engage in committed action. Six core processes—acceptance, de-fusion, self-as-context, present-moment awareness, values, and committed action—form the underlying structure of psychological flexibility, the core mechanism of ACT. This approach aims to reduce unnecessary suffering in couples caused by their experiential avoidance (Oliver et al., 2019). The main goal of ACT is to help each spouse become aware of their cognitive processes and emotional reactions, both individually and within the relationship, clarify the values that sustain their

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relationship, and commit to behaviors aligned with those values, even in the presence of unwanted thoughts and feelings (Amani et al., 2018).

Recent studies have demonstrated the effectiveness of ACT in improving individuals' psychological states (Kanzler et al., 2018), reducing couple conflicts (Brown et al., 2015), alleviating marital burnout and conflict (Moghim et al., 2022), improving marital conflict and optimism (Amani, Isa-Nejad, & Alipour, 2018), enhancing marital satisfaction, reducing marital burnout, and improving sexual self-esteem (Asadpour & Veisi, 2018), as well as decreasing worry and improving marital adjustment (Rajabi et al., 2013). By strengthening commitment between partners, ACT encourages couples to focus on rebuilding and improving the relationship rather than on thoughts of divorce and separation (Moghim et al., 2022). However, few studies have specifically examined the effects of ACT on the underlying factors contributing to marital conflict. Most research has evaluated its general impact on marital conflict rather than its influence on variables such as marital burnout, marital self-regulation, and mate retention strategies. If ACT can effectively target these key elements, it may help resolve many fundamental issues between spouses. Therefore, the present study specifically seeks to answer the question: Does Acceptance and Commitment Therapy influence marital burnout, marital self-regulation, and mate retention strategies?

Material and Methods

This study employed a quasi-experimental design with a pretest–posttest control group and a follow-up phase. The statistical population consisted of all married women who sought counseling services in Malayer counseling centers due to marital problems in 2021 (1400 in the Iranian calendar), totaling approximately 300 individuals. After initial screening and interviews, 30 participants were selected using purposive sampling, and their consent to participate was obtained through telephone contact. The selected individuals were then randomly assigned to the experimental group (15 participants) and the control group (15 participants).

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The intervention consisted of weekly training sessions held over 8 weeks, each lasting 90 minutes. After completing the intervention, the posttest was administered, and a one-month follow-up phase was conducted. Inclusion criteria consisted of: at least six months of marital life, absence of physical or psychological disorders, and not participating in other psychotherapy programs. Exclusion criteria included having psychiatric disorders, missing any of the intervention sessions, and unwillingness to continue participation. These criteria were assessed through participants' self-report.

After obtaining informed consent and assigning participants to the two groups, the pretest was administered. Ethical considerations were observed, including collecting all data anonymously using participant codes. Due to the COVID-19 pandemic and the in-person nature of the sessions, all health protocols were strictly followed. Data were analyzed using repeated-measures ANOVA in SPSS-22.

Research Instruments

Marital Burnout Scale (CBM): The Marital Burnout Scale is a self-report instrument designed by Pines (1996) to measure marital burnout among couples. It consists of 20 items across three components: physical exhaustion (items 1, 4, 10, 16, 20), emotional exhaustion (items 2, 3, 5, 6, 9, 11, 14, 17, 19), and psychological exhaustion (items 7, 8, 12, 13, 15, 18). Responses are rated on a 7-point scale (1 = never, 7 = very often). The scoring method involves five steps, resulting in an overall burnout score, where higher scores indicate greater burnout. Reliability indices reported by Pines show internal consistency between .84 and .90, with test–retest reliability ranging from .66 to .89. The Persian version has reported Cronbach's alpha values of .86 (Naveedi, 2005) and .88 in the present study.

Marital Self-Regulation Scale (BSRERS): Developed by Wilson et al. (2005), this 16-item measure assesses marital self-regulation across two components: relational self-regulation and relational effort. Items are rated on a 5-point scale (1 = completely untrue, 5 = completely true). Higher scores on relational self-regulation indicate better marital regulatory functioning, while lower scores on relational effort represent better relational engagement. Reported Cronbach's alphas are .81 and .83, respectively. The Persian validation by Isa-Nejad et al. (2017) reported alphas of .70 and .71. In this study, Cronbach's alpha was .90.

Mate Retention Inventory (MRI):

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Developed by Buss et al. (2008), this questionnaire assesses behaviors aimed at preventing partner infidelity and maintaining romantic relationships. It includes two subscales: benefit-provisioning (16 items) and cost-inflicting (16 items), with Cronbach's alphas of .91 and .90, respectively. Attari et al. (2017) confirmed its validity and reliability in Iran. In this study, alpha values were .86 (benefit-provisioning) and .89 (cost-inflicting).

Table 1. Summary of ACT-Based Intervention Sessions (McKay et al., 2013)

Session	Content
1	Introduction of therapist, group familiarization, therapeutic alliance, overview of ACT goals and principles, rules for sessions, psychoeducation on depression, review of treatment options, costs and benefits.
2	Review of previous experiences, feedback, discussion of expectations for ACT, motivation for change, summary and reflection.
3	Identifying ineffective control strategies, recognizing futility of avoidance, introduction to acceptance (vs. denial, resistance), exploration of coping strategies, summary and homework.
4	Behavioral commitment, introduction of cognitive fusion and self-as-content, language-based interventions and metaphors, feedback and practice.
5	Differentiating self from experiences and behaviors, fostering self-as-context, feedback and reflection.
6	Identifying and clarifying life values, mindfulness exercises emphasizing present-moment awareness, summary and practice.
7	Deepening value clarification, distinguishing values from goals, identifying internal/external barriers, group sharing of key values and goals, planning value-based behaviors.
8	Commitment to value-based action, relapse prevention, review of group experiences, summary of outcomes, closure and appreciation.

Ethical Considerations

This study was conducted in accordance with the ethical standards of the Declaration of Helsinki. Participation was voluntary, with informed consent obtained from students and their parents/guardians. Participants were assured of confidentiality and the right to withdraw at any time without consequences. The intervention posed no physical risks, and psychological risks were minimized by providing access to school counselors for additional support. The study protocol was reviewed and approved by the relevant university ethics committee.

Results

Descriptive results showed that the mean age ± standard deviation of the experimental group was 39.66 ± 7.74, while for the control group it was 33.73 ± 8.63.

Education level results indicated that in the experimental group there were 3 participants with less than a diploma, 4 with a diploma, 3 with an associate degree, 1 with a bachelor's degree, and 4 with a master's degree. In the control group, there were 3 participants with less than a diploma, 5

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with a diploma, 3 with an associate degree, 3 with a bachelor's degree, and 1 with a master's degree.

Table 2. Descriptive indices of pre-test and post-test for the research variables in the control and experimental groups

Variable	Components	Stage	Experimental Mean	Experimental SD	Control Mean	Control SD
Marital Burnout		Pre-test	88.60	9.27	85.80	8.90
		Post-test	71.93	10.81	83.80	10.09
		Follow-up	73.46	10.66	82.86	10.63
Marital Self-regulation	Communicational Self-regulation	Pre-test	21.06	5.57	19.46	4.86
		Post-test	28.80	6.20	20.20	4.55
		Follow-up	30.66	4.99	22.20	5.19
	Communicational Effort	Pre-test	21.20	3.46	20.66	2.84
		Post-test	16.06	3.57	21.40	3.64
		Follow-up	14.66	4.38	22.53	3.44
Mate Retention Strategies	Benefit Provision	Pre-test	26.53	4.13	24.80	3.55
		Post-test	30.93	5.11	26.13	5.24
		Follow-up	29.73	4.75	24.93	5.32
	Cost Infliction	Pre-test	31.86	4.71	29.06	3.23
		Post-test	23.80	4.52	27.73	3.76
		Follow-up	24.00	4.98	28.13	3.87

Table 2 presents the means and standard deviations of the experimental and control groups in marital burnout, marital self-regulation, and mate retention strategies. Before conducting repeated measures ANOVA, its assumptions were examined. The first assumption was the normality of the dependent variables. The Kolmogorov–Smirnov test was used to examine this assumption. The results showed that the test was not significant for any of the research variables at any measurement stage ($P > 0.05$), indicating that the normality assumption was satisfied.

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The Levene test was also used to examine the homogeneity of variances assumption. The results showed that none of the variables were significant and the assumption of homogeneity of the variance–covariance matrix of errors was met (P > 0.05).

To examine the effectiveness of Acceptance and Commitment Therapy (ACT) on marital burnout, marital self-regulation, and mate retention strategies, repeated measures analysis of variance was conducted. The results are presented below.

Table 3. Results of repeated measures ANOVA

Variable	Source of Variation	SS	DF	MS	F	P	Eta Squared
Marital Burnout	Time	1688.02	2	844.01	80.71	0.001	0.742
	Group	1200.28	1	1200.28	59.05	0.001	0.720
	Time × Group	925.08	2	462.54	44.23	0.001	0.612
Communicational Self-regulation	Time	596.86	2	298.43	90.15	0.001	0.763
	Group	314.85	1	314.85	35.71	0.001	0.608
	Time × Group	240.42	2	120.21	36.31	0.001	0.565
Communicational Effort	Time	103.02	2	51.51	13.97	0.001	0.333
	Group	217.48	1	217.48	27.97	0.001	0.549
	Time × Group	278.48	2	139.24	37.76	0.001	0.574
Benefit Provision	Time	124.35	2	62.17	26.12	0.001	0.483
	Group	60.45	1	60.45	8.61	0.007	0.273
	Time × Group	47.02	2	23.51	9.87	0.001	0.261
Cost Infliction	Time	415.00	2	207.70	48.80	0.001	0.635
	Group	168.29	1	168.29	14.78	0.001	0.391
	Time × Group	233.62	2	116.81	27.44	0.001	0.495

According to the results in Table 3, the effect of time is significant for marital burnout (F = 80.71), communicational self-regulation (F = 90.15), communicational effort (F = 13.97), benefit provision (F = 26.12), and cost infliction (F = 48.80) (P < 0.05). This indicates that the mean scores of marital burnout, marital self-regulation, and mate retention strategies differ significantly across the pre-test, post-test, and follow-up stages.

The group effect is also significant for all variables (P < 0.05), indicating a significant difference between the experimental and control groups in marital burnout, marital self-regulation, and mate retention strategies.

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Furthermore, the interaction effect of time × group is significant for all variables (P < 0.05). The eta squared values indicate the proportion of variance in the studied variables explained by the Acceptance and Commitment Therapy training.

Following the significant differences between means across measurement stages, the Bonferroni post-hoc test was used to examine pairwise differences among the variables across pre-test, post-test, and follow-up stages in the experimental and control groups.

Table 4. Bonferroni post-hoc test for pre-test, post-test, and follow-up stages

Variable	Stage	Group	Pre-test	Post-test	Follow-up
Marital Burnout	Pre-test	Experimental	–	*16.66	*15.13
		Control	–	2.00	0.126
	Post-test	Experimental	*-16.6	–	-1.53
		Control	-2	–	0.933
Communicational Self-regulation	Pre-test	Experimental	–	*-7.33	*-9.60
		Control	–	-0.733	*-2.73
	Post-test	Experimental	*7.73	–	*-1.86
		Control	0.733	–	*-2
Communicational Effort	Pre-test	Experimental	–	*5.13	*6.53
		Control	–	-0.733	*-1.86
	Post-test	Experimental	*-5.13	–	*1.40
		Control	0.733	–	-1.13
Benefit Provision	Pre-test	Experimental	–	*-4.40	*-3.20
		Control	–	*-1.33	-0.133
	Post-test	Experimental	*4.40	–	*1.20
		Control	*1.33	–	1.20
Cost Infliction	Pre-test	Experimental	–	*8.06	*7.86
		Control	–	1.33	0.933
	Post-test	Experimental	*-8.06	–	-0.200
		Control	-1.33	–	-0.400

*P < 0.05

Based on the results in Table 4, in the experimental group there are significant differences between the pre-test stage and both the post-test and follow-up stages in marital burnout, communicational self-regulation, communicational effort, benefit provision, and cost infliction (P < 0.05). These

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findings indicate that Acceptance and Commitment Therapy has a significant effect on improving marital burnout, marital self-regulation, and mate retention strategies.

Comparing the post-test and follow-up stages in the experimental group shows no significant difference for marital burnout and cost infliction ($P > 0.05$), suggesting that the effect of ACT on these variables remained stable at the follow-up stage.

However, for communicational self-regulation, communicational effort, and benefit provision, a significant difference between post-test and follow-up was observed ($P < 0.05$). Considering the results in Table 2, ACT demonstrated greater effectiveness at the follow-up stage compared with the post-test in communicational self-regulation and communicational effort, indicating the stability of these effects over time. In contrast, for benefit provision, the effectiveness decreased at the follow-up stage compared with the post-test, indicating that its effect was not sustained over time.

Discussion

The aim of the present study was to examine the effect of Acceptance and Commitment Therapy (ACT) training on marital burnout, marital self-regulation, and mate retention strategies among married women experiencing marital conflict.

Based on the results of the study, ACT training led to a reduction in marital burnout. Consistent with this finding, Moqim, Javanshir, and Khajavand Khoshli (2022) reported that ACT affects marital burnout through the five psychological “toxins” (mental barriers, expectations, unclear values, disconnection, and attempts to avoid experiences) and the five antidotes to these psychological toxins (cognitive defusion, weakening rather than eliminating expectations, clarification of values, emotional connection with one’s spouse, and willingness to accept suffering).

In this regard, it can also be stated that ACT encourages women to connect with and become engaged in their true life values. This therapeutic approach helps women imagine a more rewarding life despite experiencing unpleasant thoughts and feelings. In ACT, women are guided to see themselves as separate from their thoughts and emotions, which helps modify negative cognitions such as depression and thoughts related to marital burnout (Asadpour & Veisi, 2018).

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The results also showed that ACT improves marital self-regulation in married women. This finding is consistent with the studies of Kanzler et al. (2018) and Brown et al. (2015), which demonstrated that ACT is effective in improving couples' self-regulation. In explaining this finding, it can be argued that in ACT the components of willingness and acceptance enable individuals to accept unpleasant internal experiences without attempting to control them. As a result, these experiences appear less threatening. Moreover, the mindfulness processes used in ACT lead to significant changes in how couples direct their attention toward themselves. In other words, they facilitate attentional orientation and allow individuals to observe mental events rather than identifying these events as part of themselves (Brown, 2003). It can therefore be argued that since ACT plays a fundamental role in accepting reactions in the present moment, maintaining contact with the here and now, and observing the self in order to achieve a more active sense of self (Cahl et al., 2012), it can serve as an effective approach for improving marital self-regulation among couples.

Finally, the findings indicated that ACT improves mate retention strategies. Although few studies have directly examined this issue, various studies have shown that this therapeutic approach improves interaction between couples (Brown et al., 2015; Amani et al., 2018; Rajabi et al., 2013). The effectiveness of ACT can be attributed to its focus on creating agreement and teaching adaptive ways of coping with the unavoidable aspects of marital life, rather than attempting to control them or manage conflict-provoking factors. ACT encourages individuals to accept cognitive processes as a natural and necessary function for psychological adaptation. Consequently, negative cognitive schemas decrease, and individuals become more capable of managing difficult and crisis situations effectively (Monnant & Velligan, 2018).

Overall, the results of the present study indicated that Acceptance and Commitment Therapy is effective in reducing marital burnout and improving marital self-regulation and mate retention strategies among married women who referred to counseling centers. The findings of this study can provide useful information for counselors and psychotherapists regarding the effectiveness of ACT in improving marital relationships.

The final part of the findings showed that ACT training maintained its effectiveness one month after the intervention, and participants in the experimental group performed better in the studied variables compared with both their pre-intervention status and the control group. Since transfer, generalization, and maintenance skills were taught during the training, it can be concluded that

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these skills were learned effectively and applied in practice. By using these skills, participants can maintain and review what they have learned throughout their lives to prevent forgetting. This factor helps ensure that the effectiveness of the intervention persists over time.

Since the present study was conducted among married women attending counseling centers in Malayer, caution should be exercised when generalizing the findings. Therefore, the results should not be generalized to women in other cities. It is recommended that similar studies be conducted among couples experiencing marital conflict in other cities. Furthermore, because this research was conducted during the COVID-19 pandemic, psychological distress associated with the pandemic may have influenced the results. Therefore, it is suggested that similar studies be conducted in the post-COVID period and that their findings be compared with those of the present study. In general, the results of this study can be applied in counseling and psychological service centers, as well as institutions related to women's welfare, in order to improve marital relationships.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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