



The Efficacy of Acceptance and Commitment Therapy-Based Couples Therapy on Marital Quality of Life and Emotion Regulation in Distressed Couples

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Abstract

Background and Objective: Many couples face challenges in maintaining healthy relationships, leading to decreased quality of life. The purpose of this study was to evaluate the efficacy of acceptance and commitment therapy (ACT)-based couples therapy in enhancing marital quality of life and emotion regulation among distressed couples.

Materials and Methods: This quasi-experimental study employed a pretest-posttest design with a control group and a two-month follow-up period. The population for this research consisted of distressed couples seeking counseling and psychological services at centers and clinics in Ahvaz City during the fall of 2023. Forty-eight of these couples were selected using a convenience sampling method and randomly assigned to two groups of 24: an experimental group and a control group. The experimental group received eight 90-minute sessions of ACT-based couples therapy, while the control group received no intervention. Data was collected using marital quality of life and emotion regulation scales. Data analysis was conducted using repeated measures ANOVA in SPSS-25.

Results: Results indicated a significant difference between the ACT-based couples therapy group and the control group in terms of marital quality of life and emotion regulation at the post-test ($P < 0.001$). Findings revealed that ACT-based couples therapy led to an increase in marital quality of life and emotion regulation among distressed couples ($P < 0.001$).

Conclusions: ACT-based couples therapy was found to be effective in improving marital quality of life and emotion regulation among distressed couples. It is recommended as a potential intervention for couples seeking to address relationship difficulties and enhance their overall satisfaction.

Keywords: Acceptance and commitment therapy, Couples therapy, Quality of life, Emotions Family conflict

Background

Marriage serves as the cornerstone of the family, a fundamental social construct. By fulfilling emotional, security, physiological, and psychological needs, the family should provide a safe haven for couples, thereby preventing significant discord and fostering personal growth [1]. The family is a crucial pillar of society and the primary setting for intimate relationships and human emotions, facilitating individual growth and development [2]. Marital adjustment refers to a state where both partners experience satisfaction and happiness. Conversely, marital discord is characterized by dissatisfaction with the relationship and maladaptive interaction patterns. It manifests as problematic differences, interpersonal tension, individual anxiety, mutual dissatisfaction, a lack of cohesion and connection, and a failure to collaborate on life's challenges [3, 4]. Marital discord can lead to social difficulties, a tendency towards moral and social deviance, and a decline in personal and cultural values among

couples [5].

One of the primary challenges faced by distressed couples is a decline in marital quality of life [6]. Marital relationships are among the most complex human interactions, encompassing biological, economic, emotional, social, and psychological needs, making them more intricate than any other relationship [7]. Marital quality of life refers to a subjective perception of the marital relationship, characterized by positive communication, mutual agreement and cooperation in various life activities, and expressions of affection between partners. Alternatively, it can be defined as a complex, multidimensional construct encompassing overall feelings of happiness, satisfaction with the marital relationship, feelings of love and being loved, and contentment with the marital bond [8].

Marital quality of life involves positive expressions of emotion, attention, care, gratitude, empathy, kindness, and support between partners. This

construct is associated with higher levels of happiness, hope, and life satisfaction, as well as lower levels of anxiety, depression, and substance use. It not only positively influences the health and well-being of both partners but also impacts their relationships with others [9]. A decline in marital quality of life can lead to increased distance and separation between spouses and a deterioration of social relationships [10].

A variety of therapeutic approaches, including family therapy and couples therapy, exist today [11]. The goal of couples therapy is to assist couples in adapting to life's challenges, learning effective communication skills, and improving their overall quality of life [12]. Couples therapy seeks to understand the origins of interpersonal tensions and their impact on marital relationships, examining them from various perspectives to reduce conflict and enhance the relationship [13]. The objectives of couples therapy include providing insight into the couple's dynamics, teaching interpersonal skills, such as communication and problem-solving, modifying maladaptive behavioral patterns within the relationship, and creating opportunities for adaptive responses [14, 15]. One specific method of couples therapy is Acceptance and Commitment Therapy (ACT). As a third-wave cognitive behavioral therapy rooted in contextual behavioral science and relational frame theory, ACT is grounded in six core principles: acceptance, cognitive defusion, self-as-context, mindfulness, values, and committed action [16, 17].

ACT is a psychological intervention approach defined not by specific techniques but by underlying theoretical processes. Grounded in modern behavioral psychology, ACT aims to enhance psychological flexibility, leading to a more meaningful and fulfilling life [18]. Unlike cognitive behavioral therapies, ACT does not seek to restructure cognitions. Psychological flexibility refers to the ability to choose actions that are best suited to a given situation, rather than avoiding distressing thoughts, feelings, and memories [19]. ACT helps individuals observe unpleasant thoughts and feelings with openness and acceptance, making even the most painful experiences less threatening and more tolerable. Unlike most therapies, ACT does not aim to change the content of thoughts. Instead, through various strategies, such as creative hopelessness, mindfulness, and committed action, ACT promotes acceptance of the present moment, reduces negative thoughts and feelings, and improves the quality of life [20, 21]. ACT encourages clients to engage in actions aligned with their values. While values are not attainable, goals are, and ACT therapy sets behavioral goals, both

short-term and long-term. Behavior change inevitably leads to encountering psychological barriers, which are addressed through the processes of acceptance and commitment [22, 23].

Objectives

To reduce marital problems and prevent both emotional and legal divorce, effective therapeutic interventions are necessary. One such approach is ACT, a third-wave cognitive behavioral therapy that has demonstrated greater efficacy compared to the first- and second-wave therapies. Given the prevalence of marital discord and the importance of researching marital quality of life among distressed couples, the present study aimed to investigate the effectiveness of ACT-based couples therapy on this outcome. Therefore, this research was conducted to examine the efficacy of ACT in improving the marital quality of life of couples experiencing marital difficulties.

Materials and Methods

This quasi-experimental study employed a pretest-posttest design with a control group, including a two-month follow-up assessment. The population for this study consisted of couples experiencing marital discord who sought counseling services at counseling centers and psychological clinics in Ahvaz City during the fall of 2023. A total of 48 couples were selected using a convenience sampling method and randomly assigned to two groups of 24 couples: an experimental group and a control group. Inclusion criteria for the study were a diagnosis of marital discord, a score below the mean on the Dyadic Adjustment Scale, a minimum degree of high school diploma, an average age range of 26-40 years for both partners, at least one year of marriage, no stressful life events (e.g., divorce or death of a close relative in the past six months), no previous experience with ACT, and no concurrent use of other therapies or psychological interventions. Exclusion criteria were missing more than one session, lack of cooperation during intervention sessions, and withdrawal from the study.

Procedure

After obtaining ethical approval from the university and receiving a referral letter to counseling centers and psychological clinics in Ahvaz, the researcher visited these facilities. There, after explaining the importance and necessity of the study, obtained permission from their administrators to conduct the research. Subsequently, they were requested to introduce couples experiencing marital discord to the

researcher. Sampling continued until the desired sample size was reached, with participants meeting the inclusion criteria. The importance and necessity of the overall research were explained to the participants, and they were assured of the ethical considerations. Participants signed informed consent forms, and were then randomly assigned to two equal groups: an experimental group and a control group. The experimental group received eight 90-minute sessions of ACT-based couples therapy over a four-week period (two sessions per week), while the control group received no intervention and remained on a waiting list. The intervention for the experimental group was conducted by a clinical psychologist with specialized training in a group format at one of the psychological clinics in Ahvaz. A summary of the ACT-based couples therapy sessions is presented in Table 1.

To ensure treatment integrity and adherence, several

measures were implemented. The therapist conducting the intervention received specialized training in ACT-based couples therapy to ensure consistent delivery of the treatment protocol. A detailed treatment manual guided the therapist's conduct of the sessions, adhering to ACT's core principles and techniques. Regular supervision sessions with an experienced ACT supervisor provided feedback and guidance on treatment delivery. Audio or video recordings of therapy sessions allowed for review and assessment of treatment fidelity. Clients completed brief questionnaires after each session to provide feedback on the intervention's perceived helpfulness and any deviations from the treatment protocol. By incorporating these measures, the researchers aimed to ensure high-fidelity delivery of ACT-based couples therapy and client adherence to the treatment plan, thereby enhancing the validity of the study.

Table 1. A summary of the ACT-based couples therapy sessions

Sessions	Goal	Content
1	Building rapport and therapeutic alliance	Introduction of group members, outlining group goals and rules, discussing expectations, working on therapeutic alliance, assessing severity of problems, and mindfulness-based exercise: focused attention exercise.
2	Enhancing mindfulness	Examining specific control strategies used by individuals, exploring the costs and damages of these strategies in one's life, teaching the "person in a hole" metaphor, instructing clients on how to observe anxiety rather than react to it through mindfulness exercises.
3	Values and goals	Discussing values, goals, and accepting values.
4	Values clarification and body scan technique	Clarifying values and goals, examining barriers to goal setting, introducing committed action, practicing body scan mindfulness, and completing the "valued living" worksheet.
5	Defusion practice	Teaching how to separate oneself from problems and teaching the "passengers on a bus" metaphor.
6	Committed action	Reviewing the therapy, discussing committed action, and engaging in mindfulness and self-observation exercises.
7	Acceptance of suffering	Providing a detailed explanation of primary and secondary suffering.
8	Summary	Clarifying values, summarizing sessions, and framing goodbye as a lifelong task.

Instruments

Quality of Life Questionnaire (QLQ)

The QLQ, developed by Reeves et al. [24], is a 16-item self-report measure assessing five dimensions of quality of life: physical well-being, relationships, social activities, personal development, and recreation. Respondents rate each item on a 7-point Likert scale (1-7), with higher scores indicating greater quality of life. The total score ranges from 16 to 112, with lower scores reflecting lower quality of life. The QLQ has demonstrated acceptable reliability (Cronbach's $\alpha=0.75$) and construct validity through confirmatory factor analysis [24].

Emotion Regulation Questionnaire (ERQ)

The ERQ, developed by Gross and John [25], is a self-report measure assessing emotion regulation strategies. It consists of two subscales: reappraisal and suppression. Respondents rate items on a 7-point Likert scale, with higher scores indicating greater use of the corresponding emotion regulation

strategy. Hasani [26] reported a Cronbach's alpha coefficient of 0.91 for the ERQ.

Statistical analyses

The research data was analyzed in SPSS-25 software using repeated measures analysis of variance (ANOVA).

Results

Forty-eight couples aged between 26 and 40 years participated in this study. The mean age of participants in the experimental group was 32.45 (± 5.61) years, and in the control group, it was 34.21 (± 6.70) years. In the experimental group, 9 (37.50%) participants had a high school education, and 15 (62.50%) had a university degree. In the control group, 11 (45.83%) participants had a high school education, and 13 (54.17%) had a university degree. The mean and standard deviation (SD) of marital quality of life and emotion regulation at the pre-test, post-test, and follow-up stages for both

ACT-based couples therapy and control groups are presented in Table 2.

Table 2. Means and SD of marital quality of life and emotion regulation in distressed couples across assessment stages

Groups	Stage	ACT-based couples therapy	Control
		Mean ± SD	Mean ± SD
Marital quality of life	Pre-test	51.66 ± 4.41	53.83 ± 4.37
	Post-test	59.25 ± 4.25	53.50 ± 4.44
	Follow-up	60.75 ± 4.00	51.08 ± 4.21
Emotion regulation	Pre-test	41.75 ± 3.44	42.50 ± 2.94
	Post-test	48.92 ± 3.60	42.33 ± 3.17
	Follow-up	47.29 ± 3.87	40.39 ± 2.74

The Shapiro-Wilk test was employed to examine the normal assumption of marital quality of life and emotion regulation in distressed couples at the pre-test, post-test, and follow-up stages. Results indicated that the normality assumption for marital quality of life and emotion regulation in distressed couples was met at all assessment stages. Furthermore, Levene's test for equality of variances of marital quality of life and emotion regulation was not significant, suggesting that the variances of the dependent variables were equal across different levels of the independent variable. Bartlett's test of sphericity for marital quality of life and emotion regulation was significant; therefore, given these results, Greenhouse-Geisser correction was used in the repeated measures ANOVA. Results of the repeated measures ANOVA to determine the effectiveness of ACT for couples on marital quality of life and emotion regulation in distressed couples are

presented in Table 3. According to the results in Table 3, there were significant main effects of time, time × group interaction, and group on marital quality of life and emotion regulation in distressed couples ($P<0.001$). Therefore, it can be concluded that there were significant differences in the mean scores of marital quality of life and emotion regulation both across assessment stages and between groups. Post-hoc analyses were conducted to examine within-group changes in marital quality of life and emotion regulation over time (Table 4). Bonferroni corrections were applied to control for multiple comparisons. Results indicated significant improvements in both variables for the ACT-based couples therapy group compared to pre-test scores, with significant effects observed at both post-test and follow-up stages ($P<0.001$).

Table 3. Summary of repeated measures ANOVA results for marital quality of life and emotion regulation

Variables	Source	SS	df	MS	F	P	η^2
Marital quality of life	Time	490.69	1.70	288.12	447.06	0.001	0.94
	Group	533.76	1.41	378.55	243.14	0.001	0.93
	Time × group	436.35	1	436.35	44.07	0.001	0.41
Emotion regulation	Time	406.91	1.98	205.55	173.26	0.001	0.88
	Group	566.26	1.96	288.91	120.56	0.001	0.84
	Time × group	491.46	1	491.46	86.35	0.001	0.44

Table 4. Results of Bonferroni post hoc test for within-group effects in the ACT-based couples therapy group

Variables	Phase A	Phase B	Mean difference (A-B)	SE	P
Marital quality of life	Pre-test	Post-test	7.59	1.25	0.001
		Follow-up	9.09	1.22	0.001
	Post-test	Follow-up	1.50	1.16	0.214
Emotion regulation	Pre-test	Post-test	7.17	1.02	0.001
		Follow-up	5.54	1.06	0.001
	Post-test	Follow-up	-1.63	1.08	0.138

Discussion

This study aimed to investigate the effectiveness of ACT-based couples therapy in improving marital quality of life and emotion regulation among couples experiencing distress. The findings indicated the efficacy of ACT-based couples therapy in enhancing the marital quality of life of distressed couples. These results align with those of Fani Sobhani et al. [13] and Rahimi et al. [22]. To explain the effectiveness of ACT-based couples therapy in improving marital quality of life among distressed

couples, it can be inferred that ACT creates opportunities for couples to engage in processes such as diffusion (the train metaphor), acceptance (the thank-you-mind metaphor), values clarification (the anniversary exercise and the mind as a magnet), and committed action [26]. ACT empowers couples to take responsibility for their behavior and to modify or adjust their actions whenever necessary. This approach to couples therapy focuses on change whenever possible and emphasizes acceptance when change is not feasible [21]. Given

that marital quality of life is a dynamic and multidimensional concept, encompassing various aspects of a couple's relationship, such as compatibility, satisfaction, happiness, cohesion, and commitment, it can be described as a successful functioning within marriage [17].

In other words, ACT-based couples therapy emphasizes accepting beliefs rather than challenging them cognitively, being present in the moment, cognitive defusion, describing physical sensations and feelings, making sense of physical sensations and feelings according to personal values, and achieving both change and acceptance in marital life [27]. Through these processes, ACT creates a conducive environment for improving marital relationships. Consequently, ACT-based couples therapy can be expected to enhance the marital quality of life of distressed couples [28].

Furthermore, the results of this study indicated that ACT-based couples therapy was effective in improving emotion regulation in distressed couples. This finding aligns with the results of previous research by Ghorbani Amir et al. [29] and Ghahari et al. [30]. For instance, Ghahari et al. [30] found that ACT improved emotion regulation abilities. To explain the effectiveness of ACT-based couples therapy in enhancing emotion regulation in distressed couples, it can be inferred that ACT utilizes cognitive strategies, such as mindfulness of one's experience, to improve cognitive distortions, rumination, and body image-related beliefs, and to teach individuals how to cope with these cognitions. This therapy employs various techniques, such as differentiating between the self and one's spouse through inner experiences and familiarizing oneself with the concept of cognitive defusion, to mitigate indifference toward one's own emotional and psychological needs [26]. Consequently, couples are taught to confront their experiences and cognitive distortions, allowing them to engage with aspects of their lives and bodies that they may have previously neglected. This process enables individuals to develop a greater sense of self-worth, leading to reduced tension, distress, and anxiety, as well as increased happiness and hope, ultimately improving emotion regulation [29]. Given that negative beliefs are a significant factor in the development of poor emotion regulation, and considering that ACT-based couples therapy emphasizes developing a positive attitude and reducing negative thoughts through mindfulness, this approach can significantly impact couples' emotions [30]. As a result, ACT-based couples therapy can be expected to enhance emotion regulation in distressed couples.

Based on the aforementioned explanations of the efficacy of ACT-based couples therapy, the

following components contribute to its effectiveness: establishing a therapeutic relationship, strengthening mindfulness, examining the strengths and weaknesses of previously used coping strategies, identifying and clarifying values and goals, utilizing body scanning exercises, practicing cognitive defusion, engaging in committed action, accepting discomfort, and applying learned skills to manage mood and emotional states.

This study, while providing valuable insights, had certain limitations. First, the convenience sampling method might have introduced a selection bias, limiting the generalizability of the findings to the specific population of distressed couples who sought counseling services in Ahvaz City. Second, the relatively small sample size of 48 couples might have constrained the statistical power of the study, potentially affecting the generalizability of the results. Additionally, the study's focus on a single city limited the applicability of the findings to diverse populations and cultural contexts.

Conclusions

The findings of this study provide compelling evidence for the efficacy of ACT-based couples therapy in improving marital quality of life and emotion regulation among distressed couples. In comparison to a control group receiving no intervention, couples participating in ACT-based therapy demonstrated significant improvements in both of these outcomes at the post-test assessment. These results suggest that ACT offers a promising therapeutic approach for addressing marital distress and enhancing relationship satisfaction. Based on these findings, it is recommended that couples experiencing marital difficulties consider seeking ACT-based couples therapy as a potential intervention. The focus of ACT on mindfulness, acceptance, and commitment can help couples develop healthier communication patterns, manage emotions more effectively, and foster a more positive and fulfilling relationship. Future research could explore the long-term effects of ACT-based couples therapy, as well as its effectiveness with different populations of distressed couples. Additionally, examining factors that may influence treatment outcomes, such as therapist characteristics and couple dynamics, could provide valuable insights for practitioners and researchers.

Compliance with ethical guidelines

This study was approved under the ethical approval code of IR.IAU.AHVZ.REC.1403.015.

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Authors' contributions

All authors contributed equally to the preparation of all parts of the research.

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Conflicts of Interest

The authors declare no conflict of interest in this study.

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