





Effectiveness of Acceptance and Commitment Therapy on the Psychological Well-Being of Couples Referring to the Dispute Resolution Council

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ABSTRACT

Objective: The objective of this study was to evaluate the effectiveness of Acceptance and Commitment Therapy (ACT) on the psychological well-being of couples referring to the Dispute Resolution Council in Omidyeh County.

Methods: This study employed a quasi-experimental design with a pre-test, post-test, and control group, along with a 45-day follow-up period. The statistical population consisted of couples who referred to the Dispute Resolution Council in Omidyeh County in 2021. In the initial phase, a purposive sampling method was used to select 30 participants. These individuals were chosen from among those who had been engaged or married for four or five years, expressed a desire for separation, and had sought assistance from the Dispute Resolution Council. They were randomly assigned to either the experimental group or the control group. The experimental group underwent eight sessions of Acceptance and Commitment Therapy, while the control group received no intervention and remained on a waiting list.

Findings: The mean age in the ACT group was 33.31 ± 5 years, in the solution-focused approach group was 32.50 ± 3.72 years, and in the control group was 33.68 ± 5.04 years. The results of the mixed-design analysis of variance indicated that the intervention had a statistically significant effect on the dimensions of psychological well-being in the post-test and follow-up stages compared to the control group ($p < .05$). Furthermore, the results of the Bonferroni post hoc test demonstrated that Acceptance and Commitment Therapy was more effective in improving conflict resolution styles ($p < .05$).

Conclusion: Acceptance and Commitment Therapy can be considered an effective approach for reducing problems arising from marital conflicts among individuals referring to the Dispute Resolution Council.

Keywords: Psychological Well-Being, Acceptance and Commitment Therapy, Couples.

1. Introduction

Intimate relationships, such as marriage, constitute a significant aspect of adulthood, directly impacting mental, physical, and occupational health (Scorsolini-Comin et al., 2016) as well as family life quality (Stroud et al., 2015). Marriage can therefore be considered a crucial milestone in an individual's life, occurring through various methods and for different purposes. In most religions, it is perceived as a sacred rite rather than merely a conventional or international social structure (Abedi et al., 2024; Ashkinazi et al., 2024). Within marriage-related literature, marriage is regarded as more than a mere union between two individuals or a transformation in family and societal systems. Spouse selection is an individual decision; however, marriage is a fundamentally institutionalized social relationship between a man and a woman. It has traditionally encompassed more than just a legally sanctioned sexual bond, defining a union in which children born within it are recognized as the legitimate offspring of both parents (Nyarks & Hope, 2022). Family systems theory posits that individuals within a family are interdependent and organized into reciprocal subsystems, such as marital and parent-child subsystems. Consequently, the emergence of marital conflict can lead to a decline in the overall quality of life for other family members (Babaei et al., 2024; Chiang & Bai, 2022; Hakimi Dezfouli & Ebrahimpour, 2024).

It is therefore evident that disturbances in marital life directly influence an individual's psychological functioning, impairing their sense of control and active role in life events. This disruption subsequently reduces feelings of happiness and psychological well-being among couples (Törnroos, 2020). In this context, Wells (2010), based on Ryff's (1989) psychological well-being model, identified six dimensions of psychological well-being: self-acceptance (a positive perspective of oneself), positive relationships with others (a different type of enjoyment derived from human relationships, love, and intimacy), autonomy (the ability to follow personal beliefs and opinions without conforming to dominant cultural norms), environmental mastery (the ability to create and maintain environments that benefit oneself), purpose in life (the ability to find meaning and direction in personal experiences and set future goals), and personal growth (awareness of one's abilities and talents, as well as the capacity to develop new resources and recognize inner strength) (Lubis & Mallongi, 2020).

Higher levels of psychological well-being contribute to greater personal satisfaction and enable individuals to

maximize their potential for forming positive relationships. Establishing social support networks can address the psychological needs of individuals experiencing stress and conflict, thereby enhancing their sense of satisfaction and positive emotions (Bayani et al., 2008). In line with this perspective, Brock, VanDreiken, and Wortmann (1995) found that failure in intimate relationships is associated with loneliness, marital dissatisfaction, physical illness, and psychiatric disorders such as depression, psychosomatic illnesses, and sexual abuse. Since family systems theory emphasizes the interconnectedness of family members, even minor disruptions within the system can influence the roles and functions of all members (Katjavuori et al., 2023; Scorsolini-Comin et al., 2016; Törnroos, 2020).

Given the importance of maintaining a healthy marital system, specialists have prioritized approaches that strengthen couples' skills in improving marital quality. Such approaches are especially vital in counseling centers, particularly within dispute resolution councils, where conflicting couples may not necessarily intend to separate. Resolving marital issues and developing solutions to overcome these challenges is inherently complex. This complexity arises because both parties often claim to have contributed the most effort and actively engaged in resolving conflicts (Jambunanda et al., 2023). They also assert that they played a crucial role in conflict resolution and marital progress but failed to achieve desirable outcomes due to the lack of cooperation from their partner (Ferreira et al., 2022).

Among the major therapeutic approaches in this domain is the human-centered and problem-focused Acceptance and Commitment Therapy (ACT). ACT is one of the effective interventions for marital conflicts, aiming to foster psychological flexibility through six core processes: acceptance, cognitive defusion, self-as-context, present-moment awareness, values, and committed action. The primary goal of ACT is to teach individuals how to relinquish control over their thoughts, detach from unwanted thoughts, and tolerate distressing emotions. This approach enables clients to enhance their relationships by utilizing their mental experiences, reducing experiential avoidance, increasing flexibility for successful adaptation, and guiding them toward value-driven actions (Aalami & Ahi, 2020).

Numerous studies have demonstrated that ACT significantly reduces marital conflicts and enhances psychological well-being (Blasco-Belled & Alsinet, 2022). However, the broad scope of marital conflicts suggests that comparing and integrating multiple therapeutic approaches can enhance effectiveness. By challenging existing

approaches, new prospects for addressing marital conflicts, family-related issues, and their negative consequences may emerge.

Given the importance of examining complementary therapeutic approaches for mitigating marital conflicts—due to their widespread negative effects on individual well-being, society, and children—understanding how global changes impact marital life and psychological well-being is essential. As shifts in quality of life and well-being influence couples facing conflicts, adopting innovative approaches or modernizing effective traditional approaches is necessary. By establishing new therapeutic goals, improving marital conflicts, and preventing their escalation, researchers can better predict treatment outcomes and accelerate advancements in this field. Accordingly, the present study was conducted to examine the effectiveness of Acceptance and Commitment Therapy on the psychological well-being of couples referring to the Dispute Resolution Council in Omidyeh County.

2. Methods and Materials

The research method was applied in terms of its objective and, regarding data collection, was classified as a quantitative, quasi-experimental study with a pre-test, post-test, and control group design, including a follow-up phase. The statistical population consisted of all couples who referred to the Dispute Resolution Council in Omidyeh County in 2021. A purposive sampling method was used to select 30 participants from among the volunteer applicants. These participants were randomly assigned to the experimental and control groups.

The inclusion criteria included providing informed consent to participate in the study, the absence of specific physical or psychological disorders, a minimum education level of a high school diploma, and an age range of 25 to 40 years. The exclusion criteria included missing more than two therapy sessions, simultaneous participation in other therapeutic programs, concurrent psychological interventions, and failure to fully complete the questionnaire in both the post-test and follow-up phases.

2.1. Measure

This scale was developed by Ryff in 1989. It is a self-report instrument scored on a six-point Likert scale ranging from "strongly agree" (score of 6) to "strongly disagree" (score of 1). The highest possible total score is 128, and the lowest is 18. For each subscale, the minimum score is 3, and

the maximum is 18, with higher scores indicating greater psychological well-being. The subscales of psychological well-being include autonomy (items 9, 12, 18), environmental mastery (items 1, 4, 6), personal growth (items 7, 15, 17), self-acceptance (items 2, 8, 10), positive relations with others (items 3, 11, 13), and purpose in life (items 5, 14, 16) (Blasco-Belled & Alsinet, 2022). In Iran, Bayani et al. (2008) examined the validity and reliability of Ryff's Psychological Well-Being Scale. The reliability coefficient for the overall scale was reported as 0.82, while the reliability for the subscales of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth was found to be 0.71, 0.77, 0.78, 0.77, 0.70, and 0.78, respectively (Bayani et al., 2008). The construct validity of the scale was assessed using correlations with the Satisfaction with Life Scale, the Oxford Happiness Questionnaire, and the Rosenberg Self-Esteem Scale. The correlations of Ryff's Psychological Well-Being Scale with these instruments were reported as 0.47, 0.58, and 0.46, respectively (Behzadpoor et al., 2015).

2.2. Intervention

2.2.1. Acceptance and Commitment Therapy

For the experimental group, the Acceptance and Commitment Therapy (ACT) program was implemented over eight sessions (Al Yassin et al., 2020; Ferreira et al., 2022). No intervention was provided to the control group, which was placed on a waiting list. Sessions were conducted twice a week.

Session 1: Introduction and Psychoeducation on ACT

The first session introduces participants to the structure and principles of ACT, emphasizing the goal of increasing psychological flexibility. The concept of acceptance versus experiential avoidance is discussed, and participants are encouraged to reflect on how avoidance of difficult emotions contributes to distress. A psychoeducational component explains the six core processes of ACT: acceptance, cognitive defusion, self-as-context, present-moment awareness, values, and committed action. The session concludes with a mindfulness exercise focusing on breath awareness to enhance present-moment awareness.

Session 2: Understanding Experiential Avoidance and Acceptance

This session delves into the role of experiential avoidance in psychological distress. Participants engage in exercises highlighting the cost of avoiding negative thoughts and emotions, such as the "struggle switch" metaphor, which

illustrates how resisting distress amplifies suffering. Through guided exercises, they practice allowing uncomfortable emotions to exist without trying to control or eliminate them. Homework includes journaling instances of avoidance and reflecting on their emotional impact.

Session 3: Cognitive Defusion and Separating from Thoughts

Participants learn cognitive defusion techniques to reduce the dominance of distressing thoughts. Exercises such as "Leaves on a Stream" and repeating distressing words aloud help illustrate that thoughts are mere mental events, not absolute truths. The aim is to develop psychological distance from thoughts rather than becoming entangled in them. Participants practice labeling thoughts as "just thoughts" rather than reacting impulsively. Homework involves identifying and defusing a recurring negative thought.

Session 4: Self-as-Context and Observing the Self

This session focuses on distinguishing the "observing self" from the "thinking self." Participants explore how they can observe their experiences without being defined by them. Exercises, including the "Chessboard Metaphor" and guided imagery, help participants view themselves as the stable observer of their ever-changing thoughts, emotions, and experiences. They reflect on past difficult experiences while maintaining an observing stance. Homework includes practicing self-observation during emotional situations.

Session 5: Present-Moment Awareness and Mindfulness Practices

Building on previous sessions, participants engage in mindfulness exercises designed to cultivate present-moment awareness. Techniques such as mindful eating, body scanning, and grounding exercises are introduced to help participants shift attention to the here and now. The role of mindfulness in reducing emotional reactivity and enhancing distress tolerance is discussed. Participants are encouraged to integrate mindfulness into daily routines and track moments of present-moment awareness.

Session 6: Identifying and Clarifying Values

Participants explore their core values by reflecting on what truly matters in various life domains, such as relationships, personal growth, and work. Exercises like the "Tombstone Exercise" or "80th Birthday Speech" help them identify long-term aspirations. A discussion follows on how values differ from goals and how aligning actions with values leads to a fulfilling life. Homework involves selecting one personal value and taking a small action toward it.

Session 7: Committed Action and Goal-Setting

This session focuses on translating values into committed actions. Participants set specific, value-driven goals and anticipate potential obstacles. They practice creating SMART goals (Specific, Measurable, Achievable, Relevant, and Time-bound) while recognizing that setbacks are part of the process. The importance of persistence despite discomfort is emphasized. Participants develop action plans to overcome avoidance and take meaningful steps aligned with their values.

Session 8: Review, Relapse Prevention, and Future Planning

The final session reviews progress and reinforces key ACT principles. Participants reflect on their growth in acceptance, defusion, mindfulness, and value-based living. Relapse prevention strategies, such as recognizing avoidance patterns and applying ACT techniques, are discussed. The session concludes with a guided visualization exercise where participants imagine facing future challenges using ACT skills. Participants leave with personalized plans for continued self-application of ACT techniques.

2.3. Data Analysis

After verifying the assumptions for parametric tests, repeated measures analysis of variance (ANOVA) was used. Additionally, the LSD post hoc test was employed to compare the therapeutic interventions, and data analysis was conducted using SPSS 24 software.

3. Findings and Results

The mean age in the Acceptance and Commitment Therapy (ACT) group was 33.31 ± 5 years, while in the control group, it was 33.68 ± 5.04 years. The obtained F-statistic from the comparison of age frequency between the two groups was 0.275, which was not statistically significant ($p = .761$), indicating that the groups were matched in terms of age. Additionally, the chi-square statistic from the comparison of educational levels between the two groups was 1.134, which was also not statistically significant ($p = .889$), confirming that the groups were matched in terms of education.

Table 1 presents the descriptive findings (mean and standard deviation) for the dimensions of psychological well-being in both the experimental and control groups.

Table 1

Mean and Standard Deviation of Psychological Well-Being Dimensions in the Experimental and Control Groups

Dimension	Group	Pre-Test Mean	Pre-Test SD	Post-Test Mean	Post-Test SD	Follow-Up Mean	Follow-Up SD
Total Score	ACT	35.87	8.36	55.62	7.21	60.37	6.75
	Control	39.56	9.74	39.06	10.31	39.43	10.21
Self-Acceptance	ACT	6.75	2.08	8.75	1.98	9.56	2.18
	Control	6.87	1.82	6.31	1.81	6.12	2.18
Positive Relations	ACT	7.62	3.07	10.43	3.11	11.12	2.87
	Control	7.18	2.04	7.37	2.41	7.37	2.52
Autonomy	ACT	5.68	1.95	9.43	1.96	10.50	1.86
	Control	6.68	1.62	6.18	1.75	6.62	1.75
Purpose in Life	ACT	5.43	1.99	8.50	1.71	9.31	1.74
	Control	6.12	1.54	6.18	1.79	6.18	1.72
Personal Growth	ACT	5.31	1.49	8.31	1.25	8.56	1.20
	Control	6.31	2.15	6.50	2.00	6.56	1.96
Environmental Mastery	ACT	5.06	1.56	10.18	2.42	11.31	2.89
	Control	6.37	1.70	6.50	2.16	6.56	2.16

As shown in Table 1, the ACT group exhibited improvements in all dimensions of psychological well-being. To assess the statistical significance of these changes

in the post-test and follow-up stages, repeated measures analysis of variance (ANOVA) was conducted.

Table 2

Repeated Measures ANOVA Results for Psychological Well-Being Dimensions at Different Study Phases in Both Groups

Dimension	Source	SS	df	MS	F	p	Effect Size	Power
Self-Acceptance	Study Phases	73.521	2	36.760	27.202	.001	.476	1.000
	Groups	352.667	1	352.667	26.365	.001	.468	.999
	Groups × Time	133.396	2	66.698	49.355	.001	.622	1.000
Positive Relations	Study Phases	30.063	2	15.031	35.426	.001	.541	1.000
	Groups	11.344	1	11.344	0.782	.383	.025	.137
	Groups × Time	21.813	2	10.906	25.704	.001	.461	1.000
Autonomy	Study Phases	63.063	1.538	41.010	25.887	.001	.463	1.000
	Groups	73.500	1	73.500	6.689	.015	.182	.706
	Groups × Time	79.188	1.538	51.497	32.506	.001	.520	1.000
Purpose in Life	Study Phases	39.000	1.621	24.054	79.322	.001	.726	1.000
	Groups	71.760	1	71.760	9.053	.005	.232	.829
	Groups × Time	35.583	1.621	21.947	72.373	.001	.707	1.000
Personal Growth	Study Phases	21.583	1.266	10.792	33.491	.001	.527	1.000
	Groups	23.010	1	23.010	2.559	.120	.079	.341
	Groups × Time	13.083	1.266	10.335	20.302	.001	.404	.998
Environmental Mastery	Study Phases	17.521	2	8.760	13.005	.001	.302	.996
	Groups	9.375	1	9.375	0.867	.359	.028	.147
	Groups × Time	12.063	2	6.031	8.954	.001	.230	.967

The results in Table 2 indicate that ACT explained 46.7% of the variance in self-acceptance, 18.2% in autonomy, 23.2% in purpose in life, and 40.4% in personal growth ($p < .05$). However, the intervention did not have a statistically significant effect on positive relations with others and environmental mastery ($p > .05$).

Additionally, the difference across the study phases was statistically significant for all psychological well-being dimensions ($p < .05$). To further compare the mean scores of psychological well-being dimensions across the three study phases, the LSD post hoc test was conducted.

Table 3

Paired Comparisons of Mean Scores for Psychological Well-Being Dimensions Across Three Study Phases

Dimension	Phases	Mean Difference	Standard Error	Significance	Confidence Interval (Lower)	Confidence Interval (Upper)
Self-Acceptance	Pre-Test – Post-Test	-1.969*	0.289	.001	-2.558	-1.379
	Pre-Test – Follow-Up	-1.719*	0.277	.001	-2.284	-1.154
	Post-Test – Follow-Up	0.250	0.306	.420	-0.375	0.875
Positive Relations	Pre-Test – Post-Test	-0.906*	0.145	.001	-1.202	-0.610
	Pre-Test – Follow-Up	-1.344*	0.184	.001	-1.719	-0.968
	Post-Test – Follow-Up	-0.438*	0.157	.009	-0.610	-0.202
Autonomy	Pre-Test – Post-Test	-1.344*	0.267	.001	-1.889	-0.798
	Pre-Test – Follow-Up	-1.938*	0.338	.001	-2.628	-1.247
	Post-Test – Follow-Up	-0.594*	0.207	.007	-1.015	-0.172
Purpose in Life	Pre-Test – Post-Test	-1.125*	0.109	.001	-1.347	-0.903
	Pre-Test – Follow-Up	-1.500*	0.151	.001	-1.808	-1.192
	Post-Test – Follow-Up	-0.375*	0.107	.001	-0.594	-0.156
Personal Growth	Pre-Test – Post-Test	-0.938*	0.136	.001	-1.216	-0.659
	Pre-Test – Follow-Up	-1.063*	0.185	.001	-1.440	-0.685
	Post-Test – Follow-Up	-0.125	0.088	.164	-0.304	0.054
Environmental Mastery	Pre-Test – Post-Test	-0.906*	0.222	.001	-1.359	-0.453
	Pre-Test – Follow-Up	-0.906*	0.215	.001	-1.344	-0.468
	Post-Test – Follow-Up	0.001	0.176	.100	-0.360	0.360

As shown in Table 3, the paired comparisons revealed that for self-acceptance, the difference between the pre-test and post-test ($p = .001$) and between the pre-test and follow-up ($p = .001$) was statistically significant, but the difference between post-test and follow-up ($p = .420$) was not significant.

For positive relations with others, all differences between pre-test and post-test ($p = .001$), pre-test and follow-up ($p = .001$), and post-test and follow-up ($p = .009$) were statistically significant.

For autonomy, the differences between pre-test and post-test ($p = .001$), pre-test and follow-up ($p = .001$), and post-test and follow-up ($p = .007$) were statistically significant.

For purpose in life, the differences between pre-test and post-test ($p = .001$), pre-test and follow-up ($p = .001$), and

post-test and follow-up ($p = .001$) were statistically significant.

For personal growth, the differences between pre-test and post-test ($p = .001$) and pre-test and follow-up ($p = .001$) were statistically significant, but the difference between post-test and follow-up ($p = .164$) was not statistically significant.

For environmental mastery, the differences between pre-test and post-test ($p = .001$) and pre-test and follow-up ($p = .001$) were statistically significant, but the difference between post-test and follow-up ($p = .100$) was not statistically significant.

To estimate the effect size of the Acceptance and Commitment Therapy (ACT) intervention on psychological well-being dimensions across groups, the estimated

parameter results for comparing the groups at different study phases are presented below.

Table 4

Estimated Parameters for Comparing Groups Based on Psychological Well-Being Dimensions at Different Study Phases

Dimension	Phase	Statistic	Significance	Effect Size
Self-Acceptance	Post-Test	5.563	.001	.621
	Follow-Up	5.438	.001	.547
Positive Relations	Post-Test	7.375	.285	.038
	Follow-Up	1.750	.056	.117
Autonomy	Post-Test	2.875	.001	.322
	Follow-Up	3.188	.001	.306
Purpose in Life	Post-Test	2.188	.001	.303
	Follow-Up	2.938	.001	.475
Personal Growth	Post-Test	1.438	.028	.151
	Follow-Up	1.563	.020	.167
Environmental Mastery	Post-Test	1.188	.122	.078
	Follow-Up	1.063	.177	.060

The results in Table 4 indicate that ACT explained 62.1% of the variance in self-acceptance in the post-test phase and 54.7% in the follow-up phase ($p < .05$).

The intervention had no significant effect on positive relations with others in either the post-test ($p > .05$) or follow-up ($p > .05$) phases.

For autonomy, ACT accounted for 32.2% of the variance in the post-test phase and 30.6% in the follow-up phase ($p < .05$).

For purpose in life, ACT explained 30.3% of the variance in the post-test phase and 47.5% in the follow-up phase ($p < .05$).

For personal growth, ACT accounted for 15.1% of the variance in the post-test phase and 16.7% in the follow-up phase ($p < .05$).

Finally, ACT had no significant effect on environmental mastery in either the post-test ($p > .05$) or follow-up ($p > .05$) phases.

4. Discussion and Conclusion

The aim of the present study was to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) on the psychological well-being dimensions of couples referring to the Dispute Resolution Council in Omidyeh County. The results indicated that ACT was effective in improving self-acceptance, autonomy, purpose in life, and personal growth. However, it did not have a significant effect on positive relations with others and environmental mastery. These findings are consistent with prior research findings (Aalami & Ahi, 2020; Al Yassin et

al., 2020; Ferreira et al., 2022; Hayes et al., 2013; Hayes et al., 2011; Iturbe et al., 2022; Izadi et al., 2014; Katajavuori et al., 2023; Samuel, 2022).

In explaining these findings, it can be suggested that improving and strengthening self-compassion—an important aspect of ACT that opposes self-judgment and self-criticism commonly exhibited by individuals regarding their thoughts and emotions—plays a crucial role. This process reduces reactivity, fear, and excessive judgments, which have been shown to increase distress and interpersonal tension while fostering experiential avoidance. ACT, through a combination of relaxation techniques and mindfulness meditation, serves as a stress-reduction and psychotherapeutic method that helps individuals mentally represent life events beyond their immediate control by focusing on breathing and cognitive awareness. The enhancement of attention and awareness towards thoughts, emotions, and behavioral tendencies is a positive feature of ACT, contributing to the alignment of adaptive behaviors with positive psychological states (Hayes et al., 2013; Hayes et al., 2011).

Therefore, this therapeutic approach can be beneficial for improving mental health by enhancing these skills and encouraging couples to engage in relationships through mindfulness techniques, attentional focus, values clarification, problem-solving, and acceptance of unchangeable aspects of life. From the perspective of ACT, experiential avoidance is a maladaptive process. Although in the short term, avoidance may reduce distressing experiences, it has detrimental long-term effects, leading to inflexibility and functional impairment. Hayes (2013)

demonstrated that contextual strategies lead to behavioral changes more rapidly than strategies that directly target the content of thoughts (Hayes et al., 2013).

Accordingly, ACT employs metaphors, exercises, paradoxes, and linguistic interventions to illustrate that the mind does not hold all the answers and to help individuals differentiate between themselves and their thoughts. The cognitive defusion techniques used in ACT reveal the hidden functions of language, including judgments, interpretations, and predictions, enabling individuals to detach themselves from their thoughts, emotions, and feelings.

ACT is a behavioral therapy that employs mindfulness skills, acceptance, and cognitive defusion to enhance psychological flexibility. In ACT, psychological flexibility refers to an individual's ability to engage with their present experiences and act according to their chosen values, based on what is feasible in that moment (Hayes et al., 2013). The concept of "here and now" suggests that events are always directly experienced. Therefore, for individuals undergoing this process, external limitations and circumstances do not become problematic because their engagement with events is grounded in present-moment awareness. ACT aims to cultivate an observing self within individuals, achieved through cognitive defusion and mindfulness practices.

The significant advantage of this self-observation process is that it provides a non-threatening context in which conscious content is not perceived as a threat. In other words, it establishes a foundation for acceptance. ACT interventions help individuals directly experience the qualitative aspects of the self as a contextual entity, leading to improvements in personal growth, self-acceptance, and autonomy—key subscales of psychological well-being.

Another interpretation of these findings is that psychological well-being involves assessing an individual's emotional and psychological quality of life, which is directly linked to how they confront challenges and difficulties. Problems arise when individuals believe that external forces control their lives, thereby avoiding responsibility. However, when they accept that not all life events are within their control, their perspective shifts, and they take responsibility for their reactions and behaviors.

In ACT, individuals are taught to be responsible for their actions, transforming them into the primary decision-makers in their own lives. As a result, they can modify their thoughts and perspectives, accept their emotions, and cope with them effectively. Acceptance of life events beyond personal control and confrontation with challenges resulting from these events enhance emotional resilience and psychological

well-being. In this regard, studies have demonstrated that ACT plays a significant role in improving psychological well-being among clients.

By shifting the locus of control from external to internal and changing negative personal perspectives, ACT promotes more effective coping strategies, ultimately enhancing an individual's emotional quality of life. ACT teaches individuals that their future happiness and success are not determined by past negative and uncontrollable events but are within their own hands, allowing them to shape their future as they desire.

One of the key reasons for ACT's effectiveness is its ability to induce cognitive changes. ACT encourages individuals to engage in self-reflection and introspection, leading them toward change. When habitual and rigid lifestyles become deeply ingrained, they can turn into psychological traps, fostering stagnation and passivity. This approach teaches individuals that to live a meaningful life, they must actively seek change, embrace openness, and accept continuous transformation—even during periods of comfort and stability—as this brings vitality and hope to life (Iturbe et al., 2022).

Research has shown that different measures of happiness, life satisfaction, and positive emotions are all interrelated and form a general psychological construct (Abdel-Khalek, 2006; Gamble & Gärling, 2012). Accordingly, cognitive and perceptual changes in conflicting couples lead to reduced anxiety and increased happiness and life satisfaction by promoting effective coping strategies. Happiness or well-being functions as a personality trait composed of interconnected elements that remain stable across different situations and over time. Since reality therapy focuses on how individuals think, feel, and act, it helps individuals develop a positive outlook on life, prepares them to face life challenges, and fosters positive self-perception, thereby enhancing psychological well-being—a fundamental component in adopting effective coping strategies.

5. Suggestions and Limitations

Given that this study was conducted among couples referring to the Dispute Resolution Council in Omidyeh County, and considering the predominant cultural norms of this region, where couples tend to endure difficult circumstances rather than seek help, caution should be exercised when generalizing these findings to cities with a more widespread culture of utilizing psychological counseling services.

Additionally, a limitation of this study was its reliance solely on self-report questionnaires for data collection, without incorporating other assessment tools. The potential for response bias exists in self-reported data; therefore, to achieve more detailed insights and in-depth understanding, future research should consider employing qualitative methods such as interviews.

Authors' Contributions

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

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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