

The Effectiveness of an Integrated Acceptance and Commitment Therapy and Compassion-Focused Therapy Intervention on Resilience and Anger Control in Women with Marital Conflict

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Article Info

Article type:

Original Research

How to cite this article:

Babaei, A., & Dadvand, F. (2026). The Effectiveness of an Integrated Acceptance and Commitment Therapy and Compassion-Focused Therapy Intervention on Resilience and Anger Control in Women with Marital Conflict. *Journal of Assessment and Research in Applied Counseling*, 8(2), 1-10.
<http://dx.doi.org/10.61838/kman.jarac.5327>



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ABSTRACT

Objective: The present study aimed to investigate the effectiveness of an integrated intervention based on Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT) on resilience and anger control among women experiencing marital conflict.

Methods and Materials: The present study employed a quasi-experimental design with pretest–posttest measurements and a control group. The statistical population consisted of married women experiencing marital conflict in the city of Behbahan. Using convenience sampling and based on predetermined inclusion criteria, 60 participants were selected and randomly assigned to an experimental group (n = 30) and a control group (n = 30). The experimental group received an integrated intervention combining Acceptance and Commitment Therapy and Compassion-Focused Therapy in ten 2-hour weekly sessions, while the control group received no intervention. Data were collected using the Marital Conflict Questionnaire developed by Sanaei, Barati, and Bustani, the Connor–Davidson Resilience Scale, and the Spielberger State–Trait Anger Expression Inventory (STAXI-2). Data analysis was conducted using Multivariate Analysis of Covariance (MANCOVA) in SPSS version 21.

Findings: The results of Multivariate Analysis of Covariance indicated a significant difference between the experimental and control groups in at least one of the dependent variables ($F = 13.87, p < 0.0001$). The findings further demonstrated that the integrated intervention significantly increased resilience among women with marital conflict ($F = 24.13, p < 0.0001$). In addition, the intervention significantly improved anger control in the experimental group compared with the control group ($F = 90.34, p < 0.0001$). The reported effect sizes indicated substantial intervention effectiveness for both resilience and anger control outcomes.

Conclusion: The findings suggest that integrating Acceptance and Commitment Therapy with Compassion-Focused Therapy is effective in enhancing resilience and improving anger control among women experiencing marital conflict. The intervention appears to strengthen psychological flexibility, emotional regulation, self-compassion, and adaptive coping capacities, thereby reducing maladaptive emotional reactions associated with marital distress. This integrated therapeutic approach may therefore serve as an effective psychological intervention for women facing relational and emotional difficulties within marital relationships.

Keywords: Resilience, marital conflict, Acceptance and Commitment Therapy, Compassion-Focused Therapy, anger control

1. Introduction

Marital conflict is recognized as one of the most prevalent and destructive interpersonal problems affecting family functioning and psychological well-being across societies. Persistent marital conflict is associated with emotional dysregulation, psychological distress, decreased relationship satisfaction, impaired communication patterns, and heightened vulnerability to mental health disorders among couples. Women experiencing marital conflict are particularly susceptible to emotional exhaustion, chronic stress, anger dysregulation, reduced resilience, and diminished psychological adjustment due to the central emotional and relational roles they often occupy within the family system. Contemporary psychological research has increasingly emphasized that maladaptive emotional responses within marital relationships are not solely determined by external relational stressors, but are also influenced by individuals' cognitive flexibility, emotional processing capacities, self-regulatory abilities, and self-compassionate attitudes (Nallepalli & Murugesan, 2025; Vatan Khah & Amin Jafari, 2024; Welangan et al., 2024).

Resilience is considered one of the most important protective psychological constructs in the context of marital and interpersonal stress. Psychological resilience refers to the capacity to adapt effectively to adversity, recover from stressful experiences, and maintain emotional balance despite challenging life circumstances. In women experiencing marital conflict, resilience functions as a buffering mechanism against psychological vulnerability, emotional instability, and maladaptive coping strategies. Individuals with higher resilience generally demonstrate greater emotional flexibility, improved problem-solving skills, and more adaptive responses to relational stressors. Research has consistently shown that resilience is positively associated with marital adjustment, emotional well-being, and adaptive coping processes in couples facing relational difficulties (Kazemi Sangchin et al., 2022; Kazerouni et al., 2024; Kianfar et al., 2023). Conversely, low resilience has

been linked to emotional dysregulation, interpersonal dissatisfaction, anger escalation, and reduced capacity for constructive conflict resolution within marital relationships (Salehi, 2020; Zarei et al., 2021).

Another major psychological challenge among women with marital conflict is impaired anger control. Anger is a natural emotional response; however, ineffective anger regulation and maladaptive anger expression may intensify marital dissatisfaction and relational instability. Uncontrolled anger contributes to hostility, emotional withdrawal, verbal aggression, reduced empathy, and reciprocal negative interaction patterns between spouses. Psychological studies have demonstrated that anger rumination, impulsivity, and maladaptive emotional responses are strongly associated with poor relational functioning and diminished psychological health (O'Driscoll et al., 2020; Polat & Karakaş, 2021). Chronic marital conflict often increases emotional arousal and psychological tension, thereby weakening individuals' capacity to regulate anger effectively. In women experiencing relational distress, persistent emotional suppression and self-criticism may further exacerbate anger dysregulation and emotional exhaustion (Panahi et al., 2019; Tabesh Mofrad & Mansouriyeh, 2023).

Acceptance and Commitment Therapy (ACT) has emerged as one of the most influential third-wave behavioral therapies for improving psychological flexibility, emotional regulation, and adaptive coping. ACT emphasizes acceptance of internal experiences, mindfulness processes, cognitive defusion, value-based action, and commitment to meaningful behavioral change. The central premise of ACT is that psychological suffering is intensified through experiential avoidance, cognitive fusion, and rigid attempts to control unpleasant emotions. By enhancing psychological flexibility, ACT helps individuals develop healthier responses to distressing emotions, interpersonal stressors, and maladaptive cognitive patterns. In the context of marital conflict, ACT interventions have demonstrated considerable effectiveness in improving marital satisfaction, resilience,

emotional adjustment, and interpersonal functioning (Kazerouni et al., 2024; Nallepalli & Murugesan, 2025; Zarei et al., 2021).

Several empirical investigations have supported the effectiveness of ACT-based interventions in enhancing resilience and emotional well-being. Kianfar et al. reported that group counseling based on Acceptance and Commitment Therapy significantly improved resilience and marital adjustment among mothers of children with leukemia (Kianfar et al., 2023). Similarly, Kazemi Sangchin et al. demonstrated that ACT improved quality of life, marital satisfaction, and self-resilience among women with early menopause (Kazemi Sangchin et al., 2022). Azandaryani et al. further found that ACT-based interventions significantly enhanced emotional self-regulation and psychological well-being among couples experiencing relational difficulties (Azandaryani et al., 2022). Salehi also reported that ACT contributed to improvements in marital resilience and family resilience among married nurses (Salehi, 2020). Collectively, these findings indicate that ACT can effectively strengthen adaptive psychological functioning in stressful interpersonal contexts.

In addition to resilience enhancement, ACT has demonstrated substantial efficacy in reducing maladaptive anger processes and improving anger regulation. O'Driscoll et al. found that an ACT-based intervention significantly reduced anger difficulties in adolescents through increased emotional awareness and psychological flexibility (O'Driscoll et al., 2020). Polat and Karakaş reported that ACT-oriented anger management training significantly reduced anger rumination and impulsivity in forensic psychiatric patients (Polat & Karakaş, 2021). Furthermore, Mokhles Abadi Farahani observed that ACT effectively decreased anger rumination and learned helplessness among substance-dependent individuals (Mokhles Abadi Farahani, 2020). Kolahkaj and Bakhshi Sooreshjani also demonstrated that ACT reduced anger rumination among female students with social phobia (Kolahkaj & Bakhshi Sooreshjani, 2025). These studies suggest that ACT can improve anger regulation by decreasing cognitive fusion with distressing thoughts and reducing emotional avoidance behaviors.

Alongside ACT, Compassion-Focused Therapy (CFT) has gained increasing attention as an effective therapeutic approach for reducing self-criticism, enhancing emotional regulation, and promoting psychological resilience. Compassion-focused interventions are grounded in evolutionary psychology and affect regulation theories and

aim to cultivate self-kindness, emotional acceptance, and compassionate self-relating. Individuals experiencing chronic interpersonal stress often exhibit heightened self-criticism, shame, emotional insecurity, and fear of rejection, all of which contribute to emotional dysregulation and relational dissatisfaction. CFT seeks to reduce these maladaptive emotional patterns through the development of self-compassion and compassionate emotional processing (Liu et al., 2025; Pank et al., 2025).

Self-compassion has been consistently associated with greater resilience, psychological adjustment, and emotional stability across diverse populations. Liu et al. reported that self-compassion significantly enhanced work engagement among clinical nurses through the mediating role of moral resilience (Liu et al., 2025). Pank et al. also found that self-compassion and self-care played central roles in resilience and stress reduction among healthcare professionals (Pank et al., 2025). Weliangan et al. demonstrated that self-compassion significantly predicted resilience in women with dual occupational and familial roles (Weliangan et al., 2024). Similarly, Vatan Khah and Amin Jafari found that positive psychotherapy interventions improved resilience and life satisfaction while reducing compassion fatigue among healthcare workers (Vatan Khah & Amin Jafari, 2024). These findings highlight the important role of compassionate self-relating in promoting adaptive coping and emotional recovery under stressful conditions.

Compassion-focused interventions have also demonstrated effectiveness in improving anger regulation and emotional self-regulation. Moradi reported that compassion therapy significantly improved resilience, emotional self-regulation, and anger management among mothers of children with intellectual disabilities (Moradi, 2022). Tabesh Mofrad and Mansouriyeh found that compassion-based therapy effectively improved emotional regulation and reduced anger and self-criticism in male secondary school students (Tabesh Mofrad & Mansouriyeh, 2023). Rafsanjani Akbarabadi et al. further showed that compassionate mind training significantly improved anger control in female adolescents (Rafsanjani akbarabadi et al., 2022). Qayyan et al. also demonstrated that mindfulness training enhanced anger management and self-compassion among university students (Qayyan et al., 2022). Vajihesadat and Gholamreza additionally reported improvements in self-compassion following mindfulness-based therapy among mothers of children with attention-deficit/hyperactivity disorder (Vajihesadat & Gholamreza, 2023). Collectively, these studies support the role of

compassion-focused approaches in reducing maladaptive emotional responses and strengthening adaptive psychological functioning.

Although ACT and CFT have independently demonstrated considerable effectiveness in improving resilience, emotional regulation, and anger management, relatively limited research has investigated the integrated application of these two therapeutic approaches in women experiencing marital conflict. The integration of ACT and CFT may offer complementary therapeutic benefits because both approaches target emotional suffering through acceptance-based and compassionate processes while simultaneously promoting adaptive behavioral change. ACT primarily enhances psychological flexibility and value-oriented action, whereas CFT directly addresses shame, self-criticism, emotional insecurity, and deficits in self-soothing capacities. Therefore, combining these approaches may produce stronger therapeutic outcomes for women facing chronic marital distress and emotional dysregulation.

Women with marital conflict often experience a complex combination of emotional suppression, interpersonal sensitivity, chronic stress, anger dysregulation, and diminished resilience. Interventions that simultaneously enhance acceptance, mindfulness, psychological flexibility, emotional compassion, and adaptive coping may therefore be particularly effective in improving psychological functioning in this population. Despite growing empirical support for ACT and compassion-based interventions separately, insufficient attention has been devoted to evaluating their combined effectiveness on resilience and anger control among women with marital conflict, especially within Iranian cultural contexts. Addressing this research gap may contribute to the development of more comprehensive and integrative therapeutic interventions for emotionally distressed couples and families.

Accordingly, the present study aimed to investigate the effectiveness of an integrated intervention based on Acceptance and Commitment Therapy and Compassion-Focused Therapy on resilience and anger control among women with marital conflict.

2. Methods and Materials

2.1. Study Design and Participants

Considering the objective of the present study, a quasi-experimental method was employed using a pretest–posttest design with two groups, including an experimental group and a control group. In each group, participants who were

absent for more than two sessions were excluded from the research process. The women participating in the study were randomly assigned to either the experimental or control group. Subsequently, the integrated protocol of Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT) was administered to the experimental group in the form of ten 2-hour sessions held once per week by a trained master’s-level specialist.

The statistical population of the present study consisted of women with marital conflict in the city of Behbahan. Using an initial interview conducted by a master’s-level psychology specialist, 60 participants were selected through convenience sampling with the assistance of counseling centers, based on predetermined inclusion criteria such as experiencing marital conflict, being female, being married, having at least a high school diploma, not using psychiatric medications, and not being under psychiatric supervision. The participants were then assigned through simple random sampling into an experimental group (30 participants) and a control group (30 participants).

2.2. Instruments

A) Marital Conflict Questionnaire: The 54-item Marital Conflict Questionnaire developed by Sanaei, Barati, and Bustani (2008) measures eight dimensions, including decreased sexual relationship, reduced cooperation, increased attraction of children’s support, increased emotional reactions, increased individual relationships with one’s own relatives, reduced family relationships with relatives, friends, and spouse, reduced effective communication, and separation of financial affairs. This questionnaire has demonstrated appropriate validity within the Iranian population, and the correlation of each item with the total questionnaire score has indicated acceptable reliability (Sanaei et al., 2008). In the present study, the reliability of the questionnaire was calculated using Cronbach’s alpha coefficient and was reported as 0.85.

B) Resilience Questionnaire: This questionnaire was developed by Connor and Davidson in 2003. The psychometric properties of this scale were examined in six groups, including the general population, primary care patients, psychiatric outpatients, patients with generalized anxiety disorder, and two groups of patients with post-traumatic stress disorder. The developers of the scale believed that this questionnaire effectively distinguishes resilient individuals from non-resilient individuals in both clinical and non-clinical groups and can be used in research

and clinical settings (Connor & Davidson, 2003). The Connor–Davidson Resilience Scale consists of 25 items scored on a Likert scale ranging from 0 (“completely false”) to 5 (“always true”). The scale includes 25 items rated on a 5-point Likert scale. Ghotor, Pouryahyaei, Davarnia, Salimi, and Shakeri (2018) reported the reliability of this scale as 0.89. In the present study, the reliability of the questionnaire was calculated using Cronbach’s alpha coefficient and was reported as 0.90.

C) Spielberger Anger Control Scale: For the standardization and psychometric evaluation of the STAXI-2, Charles Spielberger and colleagues administered the questionnaire to 1,644 normal adults and 276 psychiatric patients. This scale was developed by Spielberger to assess anger control and anger expression and includes five subscales and six scales, organized into three sections with a total of 57 items. The first section measures state anger. The second section measures trait anger. The third section assesses anger control and anger expression, and this subscale was used in the present study. This subscale is rated on a 4-point scale ranging from “almost never = 1” to “almost always = 4.” This section consists of 32 items and includes four subscales: (1) anger expression-out, (2) anger expression-in, (3) anger control-out, and (4) anger control-in. Navidi (2006) administered this questionnaire along with the General Health Questionnaire and the Adjustment Questionnaire to 1,170 male high school students and obtained Cronbach’s alpha coefficients of 0.88 for state anger scales, 0.85 for trait anger scales, and an average of 0.71 for anger control, anger expression, and the overall anger expression index. In the present study, the reliability of this questionnaire was calculated using Cronbach’s alpha coefficient and was reported as 0.82.

2.3. *Interventions*

For the experimental group, the integrated protocol of Acceptance and Commitment Therapy and Compassion-

Focused Therapy was implemented in ten 2-hour sessions conducted once weekly. In the integrated Compassion-Focused Therapy and Acceptance and Commitment Therapy intervention, members were initially introduced to one another, and group rules, including the importance of confidentiality and regular attendance, were explained. Within the Acceptance and Commitment Therapy component, interventions included brief mindfulness exercises, teaching the “monster at the party” metaphor, understanding creative hopelessness, focusing on values, identifying barriers to valued action, role-playing based on the “monsters on the bus” exercise, emphasizing cognitive defusion and its metaphors, monitoring committed actions, evaluating negative labeling, reviewing the completion of assignments related to valued goals during the previous week, establishing new goals for the upcoming week, focusing on anger as a coping behavior, mental imagery, and practical exercises emphasizing release from old control strategies. The Compassion-Focused Therapy component was conducted with objectives including familiarization with the general principles of compassion-based therapy, recognition of self-critical thoughts and behaviors, acceptance of mistakes and self-forgiveness, understanding and tolerating difficult conditions, self-appreciation, development of positive feelings, familiarization with compassionate behavior, identification of conflicting emotions, and self-understanding and self-acceptance.

2.4. *Data analysis*

Data were analyzed using analysis of covariance method via SPSS version 21.

3. **Findings and Results**

The means and standard deviations of the participants’ scores in the experimental and control groups for the variables of marital conflict, resilience, and anger control are presented in Table 1.

Table 1

Means and Standard Deviations of the Study Variables in the Experimental and Control Groups

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Marital Conflict	Experimental	133.33	8.53	—	—
Marital Conflict	Control	130.11	9.28	—	—
Resilience	Experimental	76.33	9.59	90.75	9.22
Resilience	Control	83.33	10.78	81.58	9.23
Anger Control	Experimental	128.08	11.88	142.25	8.78
Anger Control	Control	130.50	10.47	129.41	9.92

According to Table 1, the mean score of marital conflict in the experimental group was 133.33, whereas it was 130.11 in the control group. The mean resilience scores in the experimental group were 76.33 at the pretest stage and 90.75 at the posttest stage. Furthermore, the mean anger control scores in the experimental group were 128.08 at the pretest stage and 142.25 at the posttest stage. To examine the research hypotheses and determine the significance of the

differences between the experimental and control groups in the variables of marital conflict, resilience, and anger control, Multivariate Analysis of Covariance (MANCOVA) was used. Prior to data analysis, the assumptions underlying the analysis, including linearity, multicollinearity, homogeneity of variances, and homogeneity of regression slopes, were examined. The results of the covariance analysis are presented in Table 2.

Table 2

Results of Multivariate Analysis of Covariance for the Study Variables

Source	Test Name	Value	Hypothesis df	Error df	F	Significance Level	Effect Size
Group	Pillai's Trace	0.59	2	28	13.87	0.0001	0.59
Group	Wilks' Lambda	0.40	2	28	13.87	0.0001	0.59
Group	Hotelling's Trace	1.46	2	28	13.87	0.0001	0.59
Group	Roy's Largest Root	1.46	2	28	13.87	0.0001	0.59

As shown in Table 2, the results of the Multivariate Analysis of Covariance (MANCOVA) in the experimental and control groups indicate that, based on Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root tests, there was a statistically significant difference in at least

one of the dependent variables ($F = 13.87, p < 0.0001$). To identify the source of these differences, a one-way Analysis of Covariance within the MANCOVA framework was conducted for the study variables, and the results are presented in Tables 3 and 4.

Table 3

One-Way Analysis of Covariance within MANCOVA for the Resilience Variable

Variable	Source	Sum of Squares	df	F	Significance Level	Effect Size
Resilience	Pretest (Covariate)	8350.17	1	344.51	0.000	0.938
Resilience	Group (Independent Variable)	585.07	1	24.13	0.000	—
Resilience	Error	508.99	28	—	—	—

As shown in Table 3, the F value related to the pretest (covariate) was 344.51, which was statistically significant ($p < 0.0001$). Furthermore, the F value related to the group (independent variable) was 24.13, which was also statistically significant ($p < 0.0001$). Therefore, the first hypothesis regarding the effectiveness of the integrated intervention based on Acceptance and Commitment Therapy

and self-compassion on the resilience of women with marital conflict was confirmed. In other words, the therapeutic intervention was effective in increasing women's resilience. Table 4 presents the results of the one-way Analysis of Covariance within the MANCOVA framework for the anger control variable.

Table 4

One-Way Analysis of Covariance within MANCOVA for the Anger Control Variable

Variable	Source	Sum of Squares	df	F	Significance Level	Effect Size
Anger Control	Pretest (Covariate)	6347.69	1	473.58	0.000	0.96
Anger Control	Group (Independent Variable)	1210.93	1	90.34	0.000	—
Anger Control	Error	281.47	28	—	—	—

As shown in Table 4, the F value related to the pretest (covariate) was 473.58, which was statistically significant ($p < 0.0001$). In addition, the F value related to the group

(independent variable) was 90.34, which was also statistically significant ($p < 0.0001$). Therefore, the second hypothesis regarding the effectiveness of the integrated

intervention based on Acceptance and Commitment Therapy and self-compassion on anger control in women with marital conflict was confirmed. In other words, the therapeutic intervention was effective in increasing women's anger control.

4. Discussion

The present study was conducted to investigate the effectiveness of an integrated intervention based on Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT) on resilience and anger control among women experiencing marital conflict. The findings demonstrated that the integrated intervention significantly increased resilience and improved anger control in the experimental group compared with the control group. These findings indicate that combining ACT and CFT can play an important role in improving psychological functioning, emotional regulation, and adaptive coping in women confronted with chronic marital distress and relational tension.

One of the major findings of the study was the significant improvement in resilience among women with marital conflict following participation in the integrated intervention. This finding is consistent with previous studies demonstrating the positive effects of ACT and compassion-based interventions on resilience and adaptive functioning. Nallepalli and Murugesan reported that ACT-based interventions enhanced marital resilience through the development of psychological flexibility and adaptive emotional responses within marital relationships (Nallepalli & Murugesan, 2025). Similarly, Kazerouni et al. found that ACT significantly improved resilience and marital intimacy among couples by helping individuals manage interpersonal stress more effectively (Kazerouni et al., 2024). The findings are also aligned with the study conducted by Kianfar et al., who demonstrated that group counseling based on ACT improved resilience and marital adjustment among mothers of children with leukemia (Kianfar et al., 2023). Kazemi Sangchin et al. likewise showed that ACT improved self-resilience and psychological adaptation in women with early menopause (Kazemi Sangchin et al., 2022).

The observed increase in resilience can be explained through the theoretical mechanisms underlying ACT and CFT. ACT seeks to reduce experiential avoidance and cognitive fusion while strengthening psychological flexibility and commitment to valued action. Women experiencing marital conflict frequently engage in

maladaptive emotional avoidance, repetitive negative thinking, and rigid emotional responses that weaken resilience and reduce coping capacities. Through mindfulness exercises, acceptance processes, cognitive defusion techniques, and values clarification, participants gradually learn to tolerate emotional distress without becoming overwhelmed by it. As psychological flexibility increases, individuals become more capable of adapting to stressful marital interactions and maintaining emotional balance during relational difficulties. Consequently, resilience is strengthened because individuals no longer perceive distressing emotions as uncontrollable threats requiring immediate avoidance or suppression.

The compassion-focused component of the intervention may also have substantially contributed to the enhancement of resilience. Women with marital conflict often experience chronic self-criticism, shame, guilt, emotional insecurity, and feelings of inadequacy, all of which undermine psychological resilience. Compassion-focused interventions directly target these maladaptive emotional processes by fostering self-kindness, emotional soothing, acceptance of imperfection, and compassionate self-relating. This interpretation is supported by findings from Liu et al., who demonstrated that self-compassion contributed to resilience among clinical nurses through enhanced moral resilience and emotional adaptation (Liu et al., 2025). Similarly, Pank et al. emphasized the central role of self-compassion and self-care in strengthening resilience and reducing stress among healthcare professionals (Pank et al., 2025). Welangan et al. also reported that self-compassion significantly predicted resilience in women with dual occupational and familial roles (Welangan et al., 2024). These studies collectively suggest that compassionate self-awareness enables individuals to cope more effectively with emotional stressors and interpersonal adversity.

The findings of the present study are additionally consistent with the results reported by Vatan Khah and Amin Jafari, who found that positive psychological interventions improved resilience and life satisfaction among healthcare workers (Vatan Khah & Amin Jafari, 2024). Moradi also demonstrated that compassion therapy improved resilience and emotional self-regulation among mothers of children with intellectual disabilities (Moradi, 2022). These findings indicate that interventions emphasizing emotional acceptance, compassion, and adaptive coping strategies may strengthen resilience across different stressful contexts and populations. In the current study, the simultaneous focus on mindfulness, acceptance, self-compassion, and emotional

regulation may have created a synergistic therapeutic effect that facilitated emotional adaptation and increased participants' capacity to tolerate marital stressors.

Another important finding of the present study was the significant improvement in anger control among women with marital conflict following the integrated therapeutic intervention. This finding is consistent with previous studies indicating that ACT and compassion-focused approaches are effective in reducing anger dysregulation, anger rumination, impulsivity, and maladaptive emotional reactions. O'Driscoll et al. found that ACT-based interventions significantly reduced anger difficulties among adolescents by increasing emotional awareness and reducing experiential avoidance (O'Driscoll et al., 2020). Polat and Karakaş also reported that ACT-oriented anger management training significantly reduced anger rumination and impulsivity in forensic psychiatric patients (Polat & Karakaş, 2021). Similarly, Makhles Abadi Farahani found that ACT decreased anger rumination and learned helplessness among substance-dependent individuals (Makhles Abadi Farahani, 2020). The findings of the current study further support the growing evidence suggesting that ACT effectively improves emotional regulation and anger management through psychological flexibility processes.

One possible explanation for the improvement in anger control is that ACT helps individuals develop a different relationship with distressing emotions and provocative thoughts. Rather than attempting to suppress anger or react impulsively to emotional triggers, participants learn to observe their emotions nonjudgmentally and respond in ways that are consistent with their personal values. Women experiencing marital conflict often exhibit heightened emotional reactivity because marital stress activates feelings of rejection, inadequacy, frustration, and helplessness. Through cognitive defusion techniques and mindfulness practices, participants may gradually reduce automatic emotional reactions and gain greater control over impulsive anger responses. By increasing emotional awareness and acceptance, individuals become more capable of responding calmly and flexibly during interpersonal conflicts.

The compassion-focused component of the intervention may also have enhanced anger control by reducing self-criticism and emotional threat sensitivity. Anger dysregulation is frequently associated with unresolved shame, emotional insecurity, fear of rejection, and chronic self-judgment. Compassion-focused interventions cultivate emotional soothing systems that counteract threat-based emotional responses and increase feelings of emotional

safety. This interpretation is supported by the findings of Tabesh Mofrad and Mansouriyeh, who reported that compassion-based therapy significantly improved emotional regulation and reduced anger in male adolescents (Tabesh Mofrad & Mansouriyeh, 2023). Rafsanjani Akbarabadi et al. similarly found that compassionate mind training improved anger control in female adolescents (Rafsanjani Akbarabadi et al., 2022). Furthermore, Qayyan et al. demonstrated that mindfulness training improved anger management and self-compassion among university students (Qayyan et al., 2022). These findings collectively suggest that compassion-based interventions may reduce emotional reactivity by enhancing self-soothing capacities and decreasing maladaptive emotional defensiveness.

The findings of the present study are also compatible with the results reported by Panahi et al., who found that integrating self-compassion with ACT reduced anger rumination and self-criticism among depressed diabetic patients (Panahi et al., 2019). This alignment is particularly important because the current intervention similarly integrated acceptance-based and compassion-focused principles. The simultaneous application of ACT and CFT likely provided participants with complementary emotional regulation skills. While ACT enhanced acceptance of difficult internal experiences and encouraged value-oriented behavior, CFT strengthened emotional warmth, self-acceptance, and compassionate self-relating. The integration of these approaches may therefore have increased participants' ability to regulate anger more effectively than either approach alone.

The effectiveness of the integrated intervention may additionally be interpreted within broader interpersonal and relational frameworks. Marital conflict often creates persistent cycles of criticism, defensiveness, hostility, emotional withdrawal, and ineffective communication. These dysfunctional relational patterns intensify psychological distress and reduce emotional resilience over time. Interventions that simultaneously target emotional awareness, self-regulation, compassion, and psychological flexibility may interrupt these maladaptive cycles by promoting more adaptive emotional responses during interpersonal interactions. As participants develop greater self-compassion and emotional acceptance, they may become less reactive to relational stressors and more capable of responding constructively during marital disagreements. Consequently, improvements in resilience and anger control may contribute not only to individual psychological well-being but also to healthier relational functioning.

5. Conclusion

The present findings support contemporary third-wave behavioral theories emphasizing acceptance, mindfulness, compassion, and emotional flexibility as central mechanisms underlying psychological adaptation. Unlike traditional approaches focused primarily on symptom reduction or cognitive restructuring, ACT and CFT emphasize changing individuals' relationships with their internal experiences. This therapeutic orientation appears particularly beneficial for women experiencing chronic relational stress because it promotes emotional tolerance, compassionate self-awareness, and adaptive coping without encouraging emotional suppression or avoidance. The integration of acceptance-based and compassion-focused strategies may therefore represent an effective and comprehensive therapeutic model for addressing emotional dysregulation and resilience deficits in women with marital conflict.

6. Limitations & Suggestions

One of the limitations of the present study was the use of convenience sampling, which may limit the generalizability of the findings to broader populations of women with marital conflict. Another limitation was the relatively small sample size and restriction of the sample to women residing in Behbahan, which may reduce external validity. In addition, the study relied on self-report questionnaires, which may be influenced by response biases such as social desirability and subjective interpretation. The absence of long-term follow-up assessment also limited the ability to evaluate the stability and durability of the therapeutic outcomes over time.

Future research is recommended to examine the long-term effectiveness of integrated ACT and compassion-focused interventions through follow-up evaluations across extended time periods. Researchers are also encouraged to investigate the effectiveness of this integrated approach among diverse populations, including men, couples, and individuals from different cultural and socioeconomic backgrounds. Comparative studies evaluating the integrated intervention against other therapeutic approaches may further clarify its relative effectiveness and underlying mechanisms. Future investigations may additionally explore mediating variables such as psychological flexibility, emotional regulation, self-compassion, and attachment styles in explaining treatment outcomes.

From a practical perspective, the findings of the present study suggest that integrating Acceptance and Commitment Therapy with Compassion-Focused Therapy may provide

clinicians and family counselors with an effective intervention for improving resilience and anger control among women experiencing marital conflict. Counseling centers, mental health clinics, and family therapy programs may benefit from incorporating mindfulness-based acceptance strategies and compassion-focused emotional regulation techniques into therapeutic services for couples and families. Training programs focused on emotional awareness, self-compassion, anger management, and psychological flexibility may also contribute to the prevention of chronic marital distress and the promotion of healthier interpersonal relationships.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

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

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed in this article.

Declaration

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

References

Azandaryani, M., Khajoei-Nejad, G., & Akbariamarghan, H. (2022). Comparison of the effectiveness of emotion-based therapy and acceptance and commitment-based therapy on emotional self-regulation, psychological well-being in couples. *Journal of Applied Family Therapy*, 3(1), 223-242. <https://doi.org/10.22034/ajft.2021.299592.1164>

Kazemi Sangchin, Z., Hassanzadeh, R., & Heidari, S. H. (2022). The effectiveness of Acceptance and Commitment Therapy on the quality of life, marital satisfaction and self-resiliency of women with early menopausal referred to the health center. *Women and Family Studies*, 15(56). <https://www.magiran.com/paper/2534927?lang=en>

Kazerouni, F., Molayi, H., & manzaritavakoli, a. (2024). Comparing the Effectiveness of Acceptance and Commitment Therapy and Cognitive-Behavioral Therapy Based on the Approach of Muslim Scientists on Marital Intimacy and Resilience in Couples. 12(2), 48-54. <https://doi.org/10.34172/jhad.92380>

Kianfar, F., Asadpour, E., & Zahrakar, K. (2023). The Effectiveness of Group Counseling Based on Acceptance and Commitment on Resilience and Marital Adjustment of Mothers of Children with Leukemia. *Fundamentals of Mental Health*, 25(2), 133-139. <https://doi.org/10.22038/jfmh.2023.22570>

Kolahkaj, F., & Bakhshi Soorshjani, L. (2025). The Effectiveness of Acceptance and Commitment Therapy on Anger Rumination and Multidimensional Body-Self Relations of Female Students of the Secondary Level With Social Phobia. *Journal of Health Promotion and Management*, 14(2), 102-115.

Liu, X., Fang, H., Tian, T., Zhang, J., Ji, Y., & Zhong, Y. (2025). Self-Compassion and Work Engagement Among Clinical Nurses: The Mediating Role of Moral Resilience. *Frontiers in Public Health*, 13. <https://doi.org/10.3389/fpubh.2025.1507539>

Mokhles Abadi Farahani, M. (2020). *The effect of acceptance and commitment therapy on anger rumination and learned helplessness in substance-dependent individuals* Faculty of Economic and Social Sciences]. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.jmbs.ir/article_200554.html&ved=2ahUKEwixrLC7PqJAxWAhv0HHYFbLJMqFnoECBkQAQ&usq=AOvVaw2uGXmS2HZHnrHdfzMLNmXp

Moradi, N. (2022). The effectiveness of compassion therapy on resilience, emotional self-regulation, and anger in mothers of children with intellectual disabilities. *Recent Advances in Psychology, Educational Sciences, and Training*, 5(52), 24-34. <https://ensani.ir/fa/article/511898/>

Nallepalli, V., & Murugesan, S. (2025). Enhancing Marital Resilience Through Psychological Flexibility: An Acceptance and Commitment Therapy-Based Case Study. 3(1), 25-32. https://doi.org/10.4103/ijpmh.ijpmh_6_25

O'Driscoll, D., Percy, A., & McAleese, M. (2020). An Acceptance and Commitment Therapy (ACT)-based Intervention for an Adolescent Experiencing Anger Difficulties. *Deap Debate*, 1(175), 32-38. <https://doi.org/10.53841/bpsdeb.2020.1.175.32>

Panahi, T., Shahabi Zadeh, F., & Mahmoudi Rad, A. (2019). Comparing the Effectiveness of Acceptance and Commitment Therapy with and without Self-Compassion on Worry, Anger Rumination, and Self-Criticism in Depressed Non-Clinical Diabetic Patients; A Clinical Trial. *Nursing Education Journal*, 9(4), 95-108. <https://jne.ir/article-1-1250-fa.html>

Pank, C., von Boros, L., Lieb, K., Dalkner, N., Egger-Lampl, S., Lehr, D., & et al. (2025). The role of self-care and self-compassion in networks of resilience and stress among healthcare professionals. *Scientific reports*, 15(1), 18545. <https://doi.org/10.1038/s41598-025-01111-1>

Polat, H., & Karakaş, S. A. (2021). The Effect of Acceptance and Commitment Therapy orientated Anger Management Training on Anger Ruminations and Impulsivity Levels in Forensic Psychiatric Patients: A Randomized Controlled Trial. *Perspectives in psychiatric care*, 57(4), 1616-1627. <https://doi.org/10.1111/ppc.12726>

Qayyan, M., Banisi, P., & Zamardi, S. (2022). The effectiveness of mindfulness training on lifestyle, anger management, and self-compassion in students at the University of Tehran West. *New Approaches in Educational Sciences Quarterly*, 4(2), 146-154. <https://doi.org/10.22034/NAES.2022.331704.117>

Rafsanjani akbarabadi, Z., Hossienzadeh taghvai, M., Danesh, E., kraskian mojmanari, A., & Tarimoradi, A. (2022). Comparison of the effectiveness of compassionate mind group training and mindfulness-based cognitive therapy group training on self-balance and anger control in female adolescents. *frooyesh*, 11(1), 81-91. <http://frooyesh.ir/article-1-3072-en.html>

Salehi, S. (2020). *Comparison of the effectiveness of group schema therapy and Acceptance and Commitment Therapy (ACT) on job burnout, marital resilience, and family resilience in married nurses* https://jwfs.alzahra.ac.ir/article_2970_en.html

Tabesh Mofrad, N., & Mansouriyeh, n. (2023). The effectiveness of compassion-based therapy in regulating emotion, self-criticism and anger in male students second secondary level. *Journal-of-Psychological-Science*, 22(130), 2041-2058. <https://doi.org/10.52547/JPS.22.130.2041>

Vajihesadat, E., & Gholamreza, M. (2023). The Effectiveness of Mindfulness Based Therapy on the Parenting Burnout and Self-Compassion in the Mothers of Children with Attention Deficit/Hyperactivity Disorder. *Modern psychological research*, 17(68), 43-52. <https://www.magiran.com/paper/2568347>

Vatan Khah, F., & Amin Jafari, B. (2024). The effectiveness of positive psychotherapy on compassion fatigue, resilience, and life satisfaction among healthcare workers in hospitals of Isfahan. Proceedings of the First International and Second National Conference on Quality Living from the Perspective of Psychology, Counseling, and Social Work, Khomeinishahr, Iran.

Weliangan, H., Ardradhika, A. N., & Huda, N. (2024). The Influence of Psychological Empowerment and Self-Compassion on Resilience in Women With Dual Roles. *Bulletin of Counseling and Psychotherapy*, 6(2). <https://doi.org/10.51214/00202406955000>

Zarei, F., Asadpour, E., & Mohsenzadeh, f. (2021). The efficacy of acceptance and commitment based therapy on marital satisfaction and self-efficiency of mothers with children with cerebral palsy [Applicable]. *Journal of Psychological Science*, 20(105), 1493-1512. <https://doi.org/10.52547/jps.20.105.1493>