






The Effectiveness of Acceptance and Commitment Therapy on Psychological Symptoms and Dysfunctional Attitudes in Maladjusted Couples Referred to Counseling and Psychological Services Centers

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ABSTRACT

The present study aimed to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) on psychological symptoms and dysfunctional attitudes among maladjusted couples referred to counseling and psychological services centers. The present study employed a quasi-experimental design with a pretest-posttest control group. The statistical population consisted of maladjusted couples referred to counseling centers in Tehran in 2026. A total of 32 participants were selected through convenience sampling and randomly assigned to an experimental group (n = 16) and a control group (n = 16). Data were collected using the Depression, Anxiety, and Stress Scale (DASS-21) developed by Lovibond and Lovibond and the Dysfunctional Attitudes Questionnaire developed by Weissman and Beck. The experimental group received Acceptance and Commitment Therapy over 8 weeks in the form of weekly 90-minute sessions, while the control group received no intervention. Data were analyzed using descriptive statistics and analysis of covariance (ANCOVA) in IBM SPSS Statistics version 27. The results of covariance analysis demonstrated that, after controlling for pretest scores, Acceptance and Commitment Therapy had a statistically significant effect on psychological symptoms among maladjusted couples ($F = 21.678, p < 0.001, \eta^2 = 0.512$). The findings also indicated that ACT significantly reduced dysfunctional attitudes in the experimental group compared to the control group ($F = 26.378, p < 0.001, \eta^2 = 0.522$). The posttest mean scores of psychological symptoms and dysfunctional attitudes in the experimental group were significantly lower than the corresponding pretest scores, whereas no significant changes were observed in the control group. The findings of the present study suggest that Acceptance and Commitment Therapy is an effective intervention for reducing psychological symptoms and dysfunctional attitudes among maladjusted couples.

Keywords: Acceptance and Commitment Therapy, psychological symptoms, dysfunctional attitudes, maladjusted couples.

1. Introduction

Marriage is considered one of the most important interpersonal relationships in adulthood and plays a central role in psychological well-being, emotional stability, and social functioning. Healthy marital relationships are associated with increased life satisfaction, psychological adjustment, emotional security, and physical health, whereas maladjusted marital relationships are strongly associated with psychological distress, emotional dysregulation, dysfunctional cognitions, and reduced quality of life (South, 2021; Whisman & Gilmour, 2023). Marital maladjustment is characterized by chronic interpersonal conflict, emotional disengagement, ineffective communication, lack of intimacy, and persistent dissatisfaction between spouses. Such difficulties may gradually undermine psychological functioning and contribute to the development of anxiety, depression, stress-related symptoms, and maladaptive cognitive schemas (Rokach & Chan, 2023; South, 2021). Research has consistently demonstrated that relational dysfunction not only affects marital satisfaction but also influences broader dimensions of emotional and psychological health across the family system (Carr, 2025; Joseph et al., 2025).

Psychological symptoms in couples experiencing marital conflict often manifest in the form of depression, anxiety, emotional exhaustion, irritability, hopelessness, and chronic stress. These symptoms are frequently intensified by repeated interpersonal tensions and ineffective emotional coping mechanisms. Studies have shown that maladjusted couples commonly experience higher levels of emotional dysregulation, cognitive rigidity, and interpersonal sensitivity compared to well-adjusted couples (Rady et al., 2021; Xu et al., 2022). Emotional dysregulation has been identified as one of the primary mechanisms underlying marital dissatisfaction and relational instability because couples with limited emotional regulation skills tend to react impulsively, avoid constructive communication, and engage in maladaptive behavioral patterns during conflicts (Ghahari et al., 2021; Xu et al., 2022). Furthermore, persistent marital conflict may increase vulnerability to loneliness, emotional burnout, and psychological distress, thereby creating a reciprocal cycle in which emotional dysfunction and marital dissatisfaction reinforce one another (Rokach & Chan, 2023; Wu et al., 2021).

Another important psychological factor associated with marital maladjustment is dysfunctional attitudes.

Dysfunctional attitudes refer to rigid, maladaptive, and irrational cognitive beliefs concerning self-worth, interpersonal approval, perfectionism, dependency, and emotional expectations. According to cognitive theories, dysfunctional attitudes play a critical role in the development and maintenance of psychological disorders and interpersonal difficulties because individuals interpret relational events through maladaptive cognitive schemas (Dattilio & Epstein, 2021). In maladjusted couples, dysfunctional beliefs may involve unrealistic expectations about intimacy, excessive need for validation, fear of rejection, perfectionistic standards, and catastrophic interpretations of relational problems. These maladaptive cognitions negatively influence communication patterns and emotional responses, thereby intensifying marital conflicts and psychological symptoms (Dattilio & Epstein, 2021; Whisman & Gilmour, 2023). Couples who possess inflexible cognitive structures are more likely to engage in avoidance behaviors, emotional withdrawal, blame-oriented communication, and maladaptive coping responses during relational stressors (Giani et al., 2025).

Recent studies have highlighted the close relationship between psychological inflexibility and interpersonal dysfunction. Psychological inflexibility refers to the inability to remain in contact with present-moment experiences while engaging in value-based behaviors. Individuals with high psychological inflexibility often attempt to suppress unpleasant thoughts and emotions, resulting in increased emotional distress and maladaptive interpersonal behaviors. Research on interparental conflict has demonstrated that psychological inflexibility mediates the relationship between relational conflict and emotional-behavioral difficulties (Giani et al., 2025). Similarly, maladaptive emotional avoidance has been associated with elevated anxiety, relational dissatisfaction, and emotional instability in distressed couples (Mohammadian et al., 2021). Consequently, interventions targeting psychological flexibility may provide significant benefits for couples experiencing relational distress and dysfunctional attitudes.

Over the past two decades, couple therapy interventions have increasingly emphasized experiential, emotion-focused, and acceptance-based approaches rather than purely symptom-focused treatments. Contemporary therapeutic models recognize that successful interventions should address emotional processing, cognitive flexibility, acceptance, interpersonal empathy, and value-oriented behaviors within intimate relationships (Carr, 2025; Talib et

al., 2025). Evidence from systematic reviews and meta-analyses has confirmed the effectiveness of couple-based interventions in reducing psychological distress, improving communication patterns, and enhancing marital adjustment (Joseph et al., 2025; Sun et al., 2025). Couple therapy interventions have been successfully implemented across diverse populations experiencing infertility, chronic illness, emotional divorce, marital burnout, infidelity, and emotional dysregulation (Arhin et al., 2023; Ripoll-Núñez & Gordon, 2024; Thompson, 2021).

Acceptance and Commitment Therapy (ACT), as one of the major third-wave cognitive-behavioral therapies, has received substantial attention in recent years due to its emphasis on acceptance, mindfulness, psychological flexibility, and value-based action. ACT proposes that psychological suffering is largely maintained by experiential avoidance, cognitive fusion, and rigid attempts to control unpleasant internal experiences. Instead of attempting to eliminate distressing thoughts and emotions, ACT encourages individuals to accept these experiences while engaging in behaviors consistent with their values (Hong et al., 2023; Oveisi et al., 2024). This therapeutic model appears particularly relevant for couples experiencing marital maladjustment because relational conflicts are often accompanied by emotional avoidance, rigid cognitive patterns, and ineffective coping strategies.

Several empirical studies have demonstrated the effectiveness of ACT in improving psychological and relational outcomes among couples. Mohammadian et al. reported that ACT significantly reduced anxiety and cognitive avoidance while improving empathy among couples attending counseling centers (Mohammadian et al., 2021). Similarly, Ghahari et al. found that ACT improved emotion regulation and reduced marital conflict among distressed couples (Ghahari et al., 2021). Farahdel et al. also demonstrated that ACT enriched with compassion significantly reduced components of marital burnout in women seeking divorce (Farahdel et al., 2023). Furthermore, Yousefpouri et al. observed that ACT-based couples therapy positively influenced attitudes toward marital infidelity and emotional regulation in married women (Yousefpouri et al., 2024). These findings collectively suggest that ACT may effectively modify maladaptive emotional and cognitive processes contributing to marital maladjustment.

The growing body of literature concerning couple interventions also emphasizes the importance of emotional regulation and behavioral flexibility in maintaining healthy

marital relationships. Emotion-focused interventions, dialectical behavior therapy, and compassion-based approaches have all shown beneficial effects on marital quality, emotional tolerance, and relational satisfaction (Bazyari et al., 2024; Eyfarniyani et al., 2024; Rady et al., 2021). Jamali et al. reported that interventions targeting behavioral flexibility significantly reduced anxiety sensitivity and improved relational functioning among couples with marital conflict (Jamali et al., 2024). Similarly, studies on emotionally focused couple therapy have demonstrated improvements in emotion regulation and relationship distress among emotionally divorced couples (Bazyari et al., 2024). These findings indicate that interventions promoting emotional awareness, acceptance, and cognitive flexibility may effectively reduce dysfunctional attitudes and psychological symptoms within distressed marital relationships.

Marital distress may become particularly severe in couples facing chronic stressors such as infertility, miscarriage, chronic illness, or infidelity. Research has shown that infertility-related stress can substantially increase emotional distress, anxiety, depression, and relational dissatisfaction among couples (Arhin et al., 2023; R.O et al., 2023; Vioreanu, 2021). Psychosexual difficulties and emotional strain associated with infertility often disrupt communication patterns and emotional intimacy (Meamar et al., 2025). Moreover, infidelity has been identified as a major source of emotional trauma and relational instability, contributing to mistrust, emotional dysregulation, and psychological distress (Ripoll-Núñez & Gordon, 2024; Rokach & Chan, 2023). Interventions targeting acceptance, emotional flexibility, and relational values may therefore provide substantial psychological benefits for couples confronting these relational crises.

In addition to ACT, several integrative and spiritually oriented couple interventions have shown positive therapeutic outcomes. Hope-focused couple therapy has demonstrated both short-term and long-term effectiveness in improving relational functioning and emotional well-being (Ripley et al., 2023). Spiritually integrated couple therapy approaches have also been proposed as culturally adaptable methods for enhancing emotional intimacy and relational resilience (Ripley et al., 2022). Furthermore, integrative behavioral couple therapy has been recognized as an evidence-based intervention promoting marital reconciliation and relational acceptance (Talib et al., 2025). Preventive and promotive models such as couple enrichment

clinics have additionally been recommended as effective strategies for strengthening relational functioning and reducing psychological vulnerability among couples (Suresh et al., 2025). These developments illustrate the increasing movement toward holistic and acceptance-oriented therapeutic approaches within contemporary couple therapy.

Despite the expanding literature on couple interventions, there remains a need for further investigation into the effectiveness of ACT specifically on psychological symptoms and dysfunctional attitudes among maladjusted couples attending counseling centers. Many previous studies have primarily focused on isolated variables such as emotional regulation, marital burnout, or anxiety, while fewer studies have simultaneously examined broader psychological symptoms alongside dysfunctional cognitive attitudes within distressed couples (Farahdel et al., 2023; Mohammadian et al., 2021). Moreover, the psychological mechanisms through which ACT influences maladaptive cognitions and emotional functioning in couples require additional empirical clarification. Given the increasing prevalence of marital distress and its profound psychological consequences, identifying effective interventions capable of improving both emotional and cognitive functioning among maladjusted couples is of considerable clinical importance (Carr, 2025; Joseph et al., 2025).

Accordingly, the present study aimed to determine the effectiveness of Acceptance and Commitment Therapy on psychological symptoms and dysfunctional attitudes among maladjusted couples referred to counseling and psychological services centers.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest-posttest control group. The statistical population consisted of maladjusted couples who were referred to counseling centers in Tehran in 2026. From this population, 32 participants were selected using convenience sampling and were randomly assigned into two groups: an experimental group ($n = 16$) and a control group ($n = 16$). The instruments used for data collection included the Psychological Symptoms Questionnaire and the Dysfunctional Attitudes Questionnaire. Subsequently, participants in the experimental group received Acceptance and Commitment Therapy (ACT) for 8 weeks, consisting of one 90-minute treatment session per week, whereas the

control group received no specific intervention. The findings demonstrated that the mean scores of psychological symptoms and dysfunctional attitudes among maladjusted couples in the experimental group were significantly different in the posttest compared to the pretest.

2.2. Measures

In the present study, psychological symptoms were assessed using the Depression, Anxiety, and Stress Scale developed by Sydney Lovibond and Peter Lovibond in 1995. This instrument consists of 21 items and three subscales, namely anxiety, depression, and stress, scored on a 4-point Likert scale ranging from “Does not apply to me at all” (1) to “Applies to me very much” (4) (Brown et al., 2007). Of the 21 items, 7 items assess stress, 7 items assess anxiety, and 7 items assess depression. Previous studies have reported reliability coefficients of approximately 0.73 for depression, 0.81 for anxiety, and 0.71 for stress (Zarei Pour et al., 2018). Furthermore, Alizadeh et al. (2014) conducted factor analysis on this scale, and their findings confirmed the existence of the three factors of depression, anxiety, and stress. The results indicated that 68% of the total variance of the scale was explained by these three factors. The eigenvalues for stress, depression, and anxiety were 9.07, 2.89, and 1.23, respectively, and the Cronbach’s alpha coefficients for these factors were 0.97, 0.92, and 0.95, respectively. In the present study, the reliability of the questionnaire was assessed using Cronbach’s alpha coefficients, yielding values of 0.78 for anxiety, 0.83 for depression, and 0.84 for stress.

The Dysfunctional Attitudes Questionnaire was developed by Myrna Weissman and Aaron T. Beck in 1978 based on Beck’s theory concerning the content of cognitive structures in depression. The scale consists of four subscales: achievement-perfectionism, need for approval from others, need to please others, and vulnerability-performance evaluation. The questionnaire is scored based on a 7-point Likert scale ranging from “Strongly Agree” (7), “Very Agree” (6), “Slightly Agree” (5), “Neutral” (4), “Slightly Disagree” (3), “Very Disagree” (2), to “Strongly Disagree” (1). The total score is obtained by summing the scores of the 26 items. The minimum possible score is 26, and the maximum possible score is 182. Scores ranging from 26 to 52 indicate a low level of dysfunctional attitudes, scores between 52 and 130 indicate a moderate level, and scores above 130 indicate a high level of dysfunctional attitudes.

2.3. Intervention

The Acceptance and Commitment Therapy (ACT) intervention was implemented over the course of 8 consecutive weeks in the form of weekly 90-minute group sessions for the participants in the experimental group. The treatment protocol was designed based on the core principles of ACT, including psychological flexibility, cognitive defusion, acceptance, mindfulness, self-as-context, clarification of personal values, and committed action. During the initial sessions, participants were introduced to the therapeutic framework, treatment goals, and the concept of experiential avoidance in marital relationships. The therapist helped the couples identify maladaptive emotional and cognitive patterns associated with marital maladjustment and psychological distress. In the middle sessions, mindfulness-based exercises and cognitive defusion techniques were employed to reduce attachment to dysfunctional thoughts and negative emotional experiences. Participants were trained to observe thoughts and feelings without judgment and to replace avoidance strategies with acceptance-oriented coping approaches. The intervention further focused on identifying dysfunctional attitudes related to perfectionism, excessive need for approval, emotional dependency, and maladaptive performance evaluation within the marital context. Through experiential exercises, metaphors, role-playing activities, and value clarification techniques, participants learned to increase emotional awareness, improve interpersonal communication, and engage in behaviors consistent with their personal and

relational values. In the final sessions, emphasis was placed on committed action, behavioral change, and the development of adaptive strategies for maintaining psychological well-being and marital adjustment in daily life. Homework assignments and practical exercises were provided throughout the intervention in order to facilitate the generalization of therapeutic skills beyond the treatment sessions.

2.4. Data analysis

Data analysis was conducted using descriptive statistics, including means and standard deviations, as well as inferential statistics. Analysis of covariance (ANCOVA) was employed to evaluate the effectiveness of Acceptance and Commitment Therapy on psychological symptoms and dysfunctional attitudes while controlling for pretest scores. Prior to conducting ANCOVA, assumptions including homogeneity of variances were assessed using Levene's test. All statistical analyses were performed using IBM SPSS Statistics version 27, and the significance level was set at $p < 0.05$.

3. Findings and Results

As shown in Table 1, the mean scores of psychological symptoms and dysfunctional attitudes in the control group remained approximately unchanged from pretest to posttest. However, the mean scores of psychological symptoms and dysfunctional attitudes in the experimental group differed between the pretest and posttest stages.

Table 1

Descriptive Statistics of the Research Variables Before and After Acceptance and Commitment Therapy

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Total Psychological Symptoms Score	Experimental	47.47	5.78	35.12	4.78
	Control	46.35	5.58	45.35	5.54
Dysfunctional Attitudes	Experimental	65.37	7.32	51.74	5.68
	Control	63.86	7.47	62.35	7.12

Levene's test indicated that the obtained F value was not significant. Since the significance level (Sig.) obtained for all research variables was greater than 0.05, it can be inferred

that the variances were homogeneous. Therefore, the assumption of homogeneity of variances was satisfied, and conducting covariance analysis was appropriate.

Table 2

Results of Analysis of Covariance for the Total Psychological Symptoms Score

Source	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
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Pretest	1327.521	1	1327.521	68.521	0.001	0.712
Group Membership	579.772	1	579.772	21.678	0.001	0.512
Error	317.357	28	11.334			

As presented in Table 2, the analysis of covariance for posttest scores of total psychological symptoms, after controlling for pretest scores, demonstrated that after removing the effect of pretest scores, the effect of Acceptance and Commitment Therapy on posttest scores

was statistically significant. In other words, Acceptance and Commitment Therapy significantly affected psychological symptoms in maladjusted couples referred to counseling and psychological services centers.

Table 3

Results of Analysis of Covariance for Dysfunctional Attitudes

Source	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Pretest	1952.496	1	1952.496	71.854	0.001	0.651
Group Membership	897.378	1	897.378	26.378	0.001	0.522
Error	621.812	28	22.207			

According to the results of the covariance analysis presented in Table 3, the significance level of the test was smaller than 0.05. Therefore, Acceptance and Commitment Therapy had a significant effect on dysfunctional attitudes in maladjusted couples referred to counseling and psychological services centers.

4. Discussion

The present study aimed to determine the effectiveness of Acceptance and Commitment Therapy (ACT) on psychological symptoms and dysfunctional attitudes among maladjusted couples referred to counseling and psychological services centers. The findings demonstrated that ACT significantly reduced psychological symptoms and dysfunctional attitudes in the experimental group compared to the control group. The results indicated that couples who participated in the ACT intervention experienced improvements in emotional functioning, cognitive flexibility, and psychological adjustment following the treatment program. These findings support the theoretical assumptions of ACT, which emphasize that increasing psychological flexibility, reducing experiential avoidance, and promoting value-based behavior can alleviate emotional distress and maladaptive cognitive patterns within intimate relationships.

The findings concerning the reduction of psychological symptoms are consistent with a growing body of literature indicating that acceptance-based interventions effectively decrease anxiety, depression, stress, and emotional dysregulation among distressed couples and clinical populations (Carr, 2025; Hong et al., 2023; Mohammadian

et al., 2021). Psychological symptoms among maladjusted couples are often intensified by chronic interpersonal conflict, ineffective communication, emotional suppression, and maladaptive coping strategies. ACT appears to reduce these symptoms by helping individuals develop a healthier relationship with unpleasant thoughts and emotions rather than attempting to suppress or avoid them. Through mindfulness and acceptance processes, participants learned to observe emotional experiences without judgment, thereby reducing emotional reactivity and cognitive fusion. This process likely enabled couples to disengage from repetitive negative interaction cycles and respond more adaptively during relational conflicts.

The reduction in psychological symptoms observed in the present study aligns with the findings of Mohammadian et al., who reported that ACT significantly reduced anxiety and cognitive avoidance among couples attending counseling centers (Mohammadian et al., 2021). Similar findings have also been reported in studies examining third-wave cognitive behavioral therapies and emotion-focused interventions for emotionally distressed couples (Ghahari et al., 2021; Rady et al., 2021). Emotional dysregulation has repeatedly been identified as a central factor underlying relational dissatisfaction and interpersonal dysfunction (Xu et al., 2022). Couples with limited emotional regulation skills often engage in hostile communication, emotional withdrawal, blame-oriented interactions, and impulsive reactions during conflict situations. ACT directly targets these maladaptive processes by encouraging emotional acceptance, present-moment awareness, and behavioral flexibility. As a result, individuals become more capable of

tolerating difficult emotions without engaging in destructive interpersonal behaviors.

The present findings are also consistent with studies emphasizing the role of psychological flexibility in emotional and relational adjustment (Giani et al., 2025). Psychological inflexibility is characterized by rigid attempts to avoid internal experiences and an inability to engage in adaptive behaviors consistent with personal values. In maladjusted couples, psychological inflexibility may contribute to chronic conflict because individuals become excessively attached to negative cognitions, emotional reactions, and rigid expectations concerning their partner. ACT aims to weaken these maladaptive patterns by promoting cognitive defusion and acceptance. Through therapeutic exercises and experiential techniques, participants learned to separate themselves from dysfunctional thoughts and emotional reactions. Consequently, they were more able to respond constructively to relational stressors and interpersonal disagreements.

The findings regarding dysfunctional attitudes are similarly important because maladaptive cognitive beliefs play a major role in maintaining marital dissatisfaction and emotional distress. Dysfunctional attitudes in marital relationships may include perfectionistic expectations, excessive dependency, fear of rejection, rigid standards concerning intimacy, and unrealistic assumptions about marital roles. According to cognitive-behavioral perspectives, these beliefs strongly influence emotional responses and interpersonal behaviors within intimate relationships (Dattilio & Epstein, 2021). Couples who interpret relational difficulties through maladaptive cognitive schemas are more likely to experience emotional dissatisfaction, conflict escalation, and psychological distress. The present study demonstrated that ACT significantly reduced dysfunctional attitudes among maladjusted couples, suggesting that acceptance-based interventions can modify maladaptive cognitive processes associated with relational dysfunction.

These findings correspond with the results reported by Yousefpouri et al., who found that ACT-based couples therapy improved attitudes toward marital infidelity and emotional regulation among married women (Yousefpouri et al., 2024). Similarly, Farahdel et al. observed that ACT enriched with compassion reduced marital burnout and improved emotional functioning among women seeking divorce (Farahdel et al., 2023). ACT may influence dysfunctional attitudes by reducing cognitive fusion, which

refers to excessive attachment to maladaptive thoughts and beliefs. Individuals experiencing cognitive fusion tend to perceive thoughts as objective truths rather than subjective mental experiences. As a result, dysfunctional beliefs concerning self-worth, interpersonal approval, or partner expectations become rigid and emotionally distressing. ACT helps individuals recognize thoughts as temporary psychological events rather than absolute realities, thereby weakening the influence of maladaptive cognitive schemas on emotional functioning and relational behavior.

Another explanation for the effectiveness of ACT in reducing dysfunctional attitudes may involve its emphasis on values clarification and committed action. Couples experiencing chronic relational conflict often become trapped in cycles of blame, avoidance, and emotional disengagement, causing them to lose connection with their core relational values such as intimacy, empathy, trust, and mutual respect. ACT encourages individuals to identify meaningful personal and relational values and engage in behaviors aligned with those values despite emotional discomfort. This process likely enhanced adaptive interpersonal functioning among participants in the present study and reduced maladaptive attitudes contributing to marital dissatisfaction. By shifting focus from emotional control to value-based action, couples may have become more capable of maintaining constructive communication and emotional connection during periods of conflict.

The findings of the present study also align with broader evidence supporting the effectiveness of contemporary couple therapies in improving psychological and relational functioning (Carr, 2025; Joseph et al., 2025). Systematic reviews and meta-analyses have consistently shown that couple-based interventions can significantly improve emotional well-being, relational satisfaction, and psychological adjustment among distressed couples. Integrative behavioral couple therapy, emotionally focused therapy, dialectical behavior therapy, and hope-focused interventions have all demonstrated effectiveness in reducing relational distress and emotional dysfunction (Bazyari et al., 2024; Ripley et al., 2023; Talib et al., 2025). Although these therapeutic approaches differ theoretically, many share common processes such as emotional acceptance, empathy enhancement, communication improvement, and cognitive flexibility. ACT appears to contribute to these therapeutic goals through its unique emphasis on mindfulness, acceptance, and psychological flexibility.

The findings may also be interpreted in light of research examining relational distress among couples confronting infertility, chronic illness, miscarriage, and infidelity (Arhin et al., 2023; Meamar et al., 2025; Thompson, 2021). Couples facing chronic stressors frequently experience elevated levels of anxiety, hopelessness, emotional exhaustion, and relational dissatisfaction. Emotional avoidance and dysfunctional cognitions often intensify these difficulties and reduce couples' ability to cope adaptively with relational stress. Acceptance-based interventions may therefore be particularly beneficial because they help individuals tolerate emotional pain without engaging in avoidance or maladaptive interpersonal reactions. Similarly, studies examining infidelity and relational betrayal have emphasized the importance of emotional regulation, cognitive restructuring, and relational acceptance in restoring psychological functioning and relational stability (Ripoll-Núñez & Gordon, 2024; Rokach & Chan, 2023). The present findings further support the usefulness of ACT for addressing emotional and cognitive difficulties within distressed marital relationships.

Another important aspect of the present findings concerns the broader role of acceptance-oriented therapies within preventive and promotive mental health frameworks. Couple enrichment programs and relationship counseling services have increasingly been recognized as important strategies for reducing psychological vulnerability and enhancing relational resilience (Lohan et al., 2021; Suresh et al., 2025). Preventive interventions may strengthen couples' emotional coping capacities before severe relational dysfunction emerges. ACT may be particularly suitable for preventive contexts because it emphasizes psychological flexibility, emotional awareness, and adaptive coping rather than focusing exclusively on symptom reduction. By teaching couples how to respond more effectively to emotional distress and relational conflict, ACT may contribute to long-term relational stability and psychological well-being.

5. Conclusion

The present findings also support theoretical models emphasizing the reciprocal relationship between relational functioning and psychological health (South, 2021; Whisman & Gilmour, 2023). Marital maladjustment often contributes to emotional distress, while psychological symptoms may simultaneously impair relational functioning. Consequently, interventions capable of addressing both emotional and cognitive dimensions of

relational dysfunction are likely to produce more comprehensive therapeutic outcomes. ACT appears to influence multiple psychological mechanisms simultaneously, including emotional regulation, cognitive flexibility, experiential acceptance, and value-oriented behavior. This multidimensional impact may explain the significant improvements observed in both psychological symptoms and dysfunctional attitudes among the participants in the present study.

Despite the promising findings of the present study, several limitations should be acknowledged. The sample size was relatively small, which may limit the generalizability of the findings to broader populations of maladjusted couples. In addition, participants were selected through convenience sampling from counseling centers in a single city, which may reduce external validity. The absence of long-term follow-up assessment also limited the ability to evaluate the stability and durability of treatment outcomes over time. Furthermore, reliance on self-report questionnaires may have increased the possibility of response bias and social desirability effects. Another limitation involves the lack of comparison with alternative therapeutic approaches, making it difficult to determine whether ACT is superior to other evidence-based couple interventions.

Future research should investigate the long-term effectiveness of Acceptance and Commitment Therapy among diverse populations of couples using larger and more representative samples. Comparative studies examining ACT alongside other therapeutic models such as emotionally focused therapy, integrative behavioral couple therapy, and dialectical behavior therapy would further clarify the unique therapeutic mechanisms associated with acceptance-based interventions. Researchers are also encouraged to examine mediating variables such as psychological flexibility, emotional regulation, attachment styles, and communication patterns in order to better understand the processes through which ACT influences marital functioning. Additionally, future studies may explore the effectiveness of ACT among couples experiencing specific relational stressors such as infertility, chronic illness, infidelity, or parenting-related stress.

The findings of the present study have important practical implications for counselors, clinical psychologists, and family therapists working with distressed couples. Acceptance and Commitment Therapy may serve as an effective intervention for reducing psychological symptoms and maladaptive cognitive attitudes among couples experiencing marital conflict. Counseling centers and

psychological service providers may benefit from incorporating ACT-based interventions into marital therapy programs in order to improve emotional regulation, cognitive flexibility, and relational adjustment among clients. Training therapists in acceptance-based therapeutic techniques may also contribute to more comprehensive and effective treatment approaches for marital distress. Furthermore, integrating mindfulness, acceptance, and value-based exercises into couple counseling programs may strengthen emotional resilience, improve interpersonal communication, and enhance long-term marital stability.

Authors' Contributions

Authors equally contributed to this article.

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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