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Comparison of the Effectiveness of Acceptance and Commitment Therapy and Reality Therapy on the Components of Adaptation in Incompatible Married Individuals

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A B S T R A C T

Objective: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Reality Therapy (RT) on improving overall marital adjustment and its specific components—marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression—among incompatible married individuals in Iran.

Methods and Materials: A quasi-experimental design with a pretest-posttest-follow-up framework was employed, involving two experimental groups (ACT and RT) and one control group. The sample consisted of 54 incompatible married individuals (18 per group) recruited from psychological centers in District 7 of Tehran. Participants completed the Spanier Dyadic Adjustment Scale at pretest, posttest, and follow-up stages. The ACT intervention comprised 8 weekly sessions focusing on mindfulness, acceptance, and value-based actions, while the RT intervention consisted of 8 sessions emphasizing need satisfaction and responsible behavior. Data were analyzed using repeated measures ANOVA to assess changes over time and between groups.

Findings: Both ACT and RT significantly improved overall marital adjustment compared to the control group, with significant interaction effects observed for dyadic cohesion ($F = 11.161$, $p = 0.001$, $\eta^2 = 0.247$), dyadic consensus ($F = 24.787$, $p = 0.001$, $\eta^2 = 0.422$), and affectional expression ($F = 22.477$, $p = 0.001$, $\eta^2 = 0.398$). RT demonstrated greater effectiveness in enhancing dyadic cohesion and consensus, while ACT showed stronger outcomes in improving affectional expression. Post-hoc analyses revealed significant mean differences between pretest and posttest for dyadic cohesion in RT (mean difference = -8.167, $p < 0.001$) and affectional expression in ACT (mean difference = 2.694, $p < 0.001$). Follow-up assessments indicated sustained improvements, with RT maintaining higher scores in dyadic cohesion (mean = 15.139) and consensus (mean = 25.694), and ACT in affectional expression (mean = 4.78).

Conclusion: Both ACT and RT are effective interventions for improving marital adjustment, with RT being more beneficial for addressing behavioral and communication aspects of marital conflict, and ACT more effective in fostering emotional intimacy.

Keywords: *Marital Adjustment, Acceptance and Commitment Therapy (ACT), Reality Therapy (RT)*

1. Introduction

Marriage, as a foundational institution in societies worldwide, plays a pivotal role in fostering emotional well-being, social stability, and familial cohesion. However, marital relationships are often fraught with challenges that can lead to dissatisfaction, conflict, and, in severe cases, dissolution. Marital adjustment, defined as the ability of couples to adapt to each other's needs, resolve conflicts, and maintain satisfaction, is a critical determinant of relationship longevity and individual happiness (Akhavan Bitaghsir, 2017). In Iran, marriage is deeply embedded in cultural and religious traditions, with societal expectations often placing significant pressure on couples to maintain harmonious relationships. However, rapid urbanization, changing gender roles, and economic stressors have contributed to rising rates of marital dissatisfaction and divorce (Abedi et al., 2024). Against this backdrop, evidence-based therapeutic interventions are essential for supporting couples in navigating relational challenges.

Acceptance and Commitment Therapy (ACT), rooted in relational frame theory, emphasizes psychological flexibility, mindfulness, and value-based living (Peterson et al., 2009). ACT encourages individuals to accept their thoughts and emotions without judgment while committing to actions aligned with their core values. In the context of marital therapy, ACT helps couples cultivate acceptance of their partner's perspectives, reduce experiential avoidance, and foster commitment to relationship-enhancing behaviors (Akhavan Gholami, 2019). Research has demonstrated the efficacy of ACT in improving marital satisfaction, communication, and overall adjustment (Honarparvaran, 2014; Joulazadeh Esmaeili et al., 2021). For instance, Honarparvaran (2014) found that ACT significantly enhanced forgiveness and marital adjustment among women affected by marital infidelity, highlighting its potential in addressing deep-seated relational issues (Honarparvaran, 2014).

In contrast, Reality Therapy (RT), developed by William Glasser, is grounded in choice theory and focuses on meeting basic psychological needs—survival, love and belonging, power, freedom, and fun—through responsible behavior (Basharat Qaramaleki et al., 2021; Besharat Qaramaleki et al., 2024). RT posits that individuals often engage in dysfunctional behaviors when these needs are unmet, leading to marital conflict. By helping couples identify their unmet needs and make responsible choices, RT aims to improve communication, reduce conflict, and enhance marital adjustment (Deldadeh & Mo'aven-e-Islami, 2020). Studies have shown that RT can effectively improve marital satisfaction and reduce emotional divorce (Basharat Qaramaleki et al., 2021; Besharat Qaramaleki et al., 2024; Kamali & Mahdian, 2023). For example, Besharat Qaramaleki et al. (2024) found that group-based reality therapy significantly improved marital adjustment, emotional differentiation, and intimacy in couples experiencing emotional divorce (Besharat Qaramaleki et al., 2024).

While both ACT and RT have demonstrated efficacy in improving marital outcomes, there remains a paucity of research directly comparing their effectiveness, particularly in addressing specific components of marital adjustment such as satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. Previous studies have often focused on single interventions or specific populations, limiting generalizability (Akhavan Bitaghsir, 2017; Arab Vornusfaderani et al., 2017). Additionally, most research has been conducted in Western contexts, with limited exploration of these therapies in culturally diverse settings, such as Iran, where marital dynamics may be influenced by unique sociocultural factors (Akrami, 2022; Saadati et al., 2021).

Marital adjustment is a multifaceted construct that requires comprehensive therapeutic approaches to address its emotional, behavioral, and cognitive dimensions. ACT and RT offer distinct yet complementary frameworks for enhancing marital relationships, each targeting different aspects of relational dynamics. This study contributes to the growing body of literature on marital therapy by providing a comparative analysis of these interventions, with a focus on their effectiveness in improving specific components of marital adjustment. By addressing empirical gaps and contextualizing findings within the Iranian cultural milieu, this research aims to advance both theoretical understanding and practical applications in the field of marital therapy. This study seeks to address these gaps by conducting a comparative analysis of ACT and RT in a sample of incompatible married individuals in Iran.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental design with a pretest-posttest-follow-up framework and a control group. The research design included two experimental groups and one control group, all of which completed the pretest,

AFTJ Applied Family Therapy Journal
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posttest, and follow-up assessments. The statistical population consisted of incompatible married men and women who had sought counseling services at several psychological centers in District 7 of Tehran during the third quarter of the year 1403 (2024). The researcher, after establishing contact via phone or text message and explaining the study, conducted diagnostic interviews and administered the Spanier Dyadic Adjustment Scale to 125 individuals. From this pool, 54 participants were selected and assigned to the groups.

Given that experimental research suggests a minimum sample size of 15 participants per group (Cohen et al., 2007), and anticipating potential attrition, three groups of 18 participants each were formed. The sample was selected voluntarily from incompatible married individuals (both men and women) who had sought counseling for marital issues. Diagnostic interviews and the Spanier Dyadic Adjustment Scale were administered to 125 individuals referred by the centers. From those who met the inclusion criteria, a sample of 54 participants was selected and randomly assigned to the three groups using random numbers.

The inclusion criteria for the sample were as follows: married men and women with at least five years of marital life, diagnosed with incompatibility by a psychologist or counselor at the center and confirmed through the Spanier Dyadic Adjustment Scale, a minimum educational level of high school diploma, adherence to the age range of 30 to 45 years, and expressed consent to participate in the study. The exclusion criteria included: expressed dissatisfaction with participation, simultaneous attendance in psychotherapy or psychological intervention courses, incomplete pretest questionnaires, and absence from more than one intervention session.

2.2. Measures

2.2.1. Marital Adjustment

The Spanier Dyadic Adjustment Scale (1976) was used to measure the level of marital adaptation among couples by assessing aspects such as marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. Developed in the United States, this scale is widely recognized as a reliable tool in family and marriage psychology. The questionnaire consists of 32 items, and participants were asked to rate the extent to which each item aligned with their current situation. The scale measures four components of adaptation: marital satisfaction (items 16–23, 31–32), dyadic cohesion (items 24–28), dyadic consensus (items 1–3, 5, 8–15), and affectional expression (items 4, 6, 29–30). The total score, ranging from 0 to 160, indicates the level of marital adaptation, with higher scores reflecting greater compatibility. Scores of 100 or above signify adaptation, while scores below 100 indicate problems in marital relationships and a lack of family harmony. In subsequent research, a cutoff score of 97 has been adopted to distinguish between couples with and without adaptation issues. For instance, Sharpley and Rogers (1984) utilized this cutoff in their comprehensive review of the scale's psychometric properties to reliably differentiate between couples with and without adaptation disorders. Spanier (1976) validated the scale on a sample of married and divorced individuals, reporting a Cronbach's alpha of 0.96 for the total score, indicating excellent internal consistency. Heyman et al. (1994) further confirmed the scale's convergent and discriminant validity. Sanaei et al. (2017) assessed the content validity of the Persian version and demonstrated its effectiveness in distinguishing between divorced and married couples. The concurrent validity of the scale was also established through its high correlation with the Marital Satisfaction Scale. The reliability of the Persian version was confirmed by Abolghasemi and Kiomarsi (2006), who reported a Cronbach's alpha of 0.92. In the present study, the scale was pilot-tested on 10 participants to ensure its reliability (Cronbach's alpha > 0.7) before being administered to the entire sample.

2.3. Interventions

The ACT protocol, developed by Ebrahimi et al. (2018), was delivered in 8 weekly sessions, each lasting 90 minutes. The first session focused on introductions, establishing group norms, and setting expectations, followed by a guided imagery exercise to envision desired life changes and an introduction to the concepts of acceptance and commitment. The second session explored participants' core values and significant relationships, incorporating a mindful raisin-eating exercise to cultivate present-moment awareness. The third session emphasized acceptance through experiential exercises, such as the "chocolate cake" metaphor and the "garden and thorns" analogy. Session four revisited mindfulness and values, deepening participants' understanding of these concepts. Session five introduced intelligent planning and experiential avoidance, using the "ball and pool" metaphor to illustrate acceptance. Session six focused on self-as-context, employing body scan

AFTJ Applied Family Therapy Journal
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mindfulness exercises and the "chessboard" metaphor to differentiate between the self and transient thoughts. Session seven addressed cognitive fusion and defusion, using the "bus passengers" metaphor and a thought-singing exercise to promote psychological distancing from negative thoughts. The final session summarized key concepts, reinforced defusion techniques, and encouraged participants to commit to ongoing practice post-intervention.

The RT protocol, based on Glasser and Breggin (2001, as cited in Sedaghat et al., 2016), was conducted in 8 sessions, each lasting 90 minutes, over 4 weeks (2 sessions per week). The first session focused on establishing a trusting therapeutic relationship through empathy, active listening, and open-ended questions. The second session explored the participant's "quality world," identifying key relationships, activities, and objects that hold personal value. The third session examined the participant's perceptual world, clarifying their needs and desires. Sessions four and five introduced Glasser's five basic needs (survival, love and belonging, power, freedom, and fun) and helped participants identify their dominant needs. Session six explained the "behavioral machine" model, which integrates behavior, thoughts, emotions, and physiology, encouraging participants to assess whether their current behaviors align with their goals. Session seven involved creating a SMART (Specific, Measurable, Achievable, Relevant, Time-bound) action plan to promote goal-directed behavior. The final session reviewed progress, consolidated gains, and developed strategies for maintaining long-term change.

2.4. Data Analysis

The collected data were analyzed at both descriptive and inferential levels. At the descriptive level, measures such as frequency, percentage, mean, and standard deviation were calculated to quantitatively interpret the research findings. At the inferential level, the Shapiro-Wilk test was employed to assess the normality of the research variables. Subsequently, the hypotheses were tested using multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA). These statistical methods allowed for the examination of the effects of independent variables on the dependent variable while controlling for the influence of other variables. All statistical analyses were conducted using SPSS software, version 26.

3. Findings and Results

The descriptive statistics presented in Table 1 reveal variations in marital adjustment and its subcomponents across the control and experimental groups at pretest, posttest, and follow-up stages. In the control group, mean scores for marital adjustment remained relatively stable, ranging from 58.67 to 60.67, with slight fluctuations across time points. Similarly, subcomponents such as marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression showed minimal changes, indicating no significant improvement in marital adaptation. In contrast, the Acceptance and Commitment Therapy (ACT) group demonstrated notable increases in marital adjustment scores, rising from 58.78 at pretest to 82.72 at posttest, with a follow-up score of 76.67. This group also exhibited improvements in all subcomponents, particularly in dyadic consensus and affectional expression. The Reality Therapy (RT) group showed the most substantial gains, with marital adjustment scores increasing from 59.06 at pretest to 112.50 at posttest and 115.61 at follow-up. Marital satisfaction in the RT group saw a dramatic rise from 17.28 at pretest to 69.83 at posttest, reflecting significant enhancements in overall marital quality. These findings suggest that both ACT and RT interventions were effective in improving marital adjustment, with RT yielding more pronounced and sustained outcomes compared to the control group.

Table 1

Descriptive Statistics of Marital Adjustment Scores by Pretest, Posttest, and Follow-up Across Control and Experimental Groups

Group	Variable Source	N	Min	Max	Mean	SD
Control	Pretest Marital Adjustment	18	41	70	60.67	7.46
	Posttest Marital Adjustment	18	45	74	58.67	8.59
	Follow-up Marital Adjustment	18	51	73	59.50	5.86
	Pretest Marital Satisfaction	18	16	30	23.89	4.44
	Posttest Marital Satisfaction	18	15	30	20.50	4.95
	Follow-up Marital Satisfaction	18	15	28	22.61	4.22
	Pretest Dyadic Cohesion	18	9	16	12.17	2.48
	Posttest Dyadic Cohesion	18	10	15	12.94	1.73
	Follow-up Dyadic Cohesion	18	10	15	12.72	1.74

AFTJ Applied Family Therapy Journal
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	Pretest Dyadic Consensus	18	11	30	20.78	5.90
	Posttest Dyadic Consensus	18	12	31	19.28	6.42
	Follow-up Dyadic Consensus	18	11	27	19.39	5.49
	Pretest Affectional Expression	18	2	6	3.83	1.29
	Posttest Affectional Expression	18	4	7	5.94	1.06
	Follow-up Affectional Expression	18	3	7	4.78	1.22
Acceptance and Commitment Therapy	Pretest Marital Adjustment	18	43	73	58.78	7.64
	Posttest Marital Adjustment	18	65	99	82.72	9.92
	Follow-up Marital Adjustment	18	63	87	76.67	6.46
	Pretest Marital Satisfaction	18	15	27	21.06	3.92
	Posttest Marital Satisfaction	18	17	29	23.89	4.39
	Follow-up Marital Satisfaction	18	17	28	23.39	3.71
	Pretest Dyadic Cohesion	18	10	18	13.67	2.61
	Posttest Dyadic Cohesion	18	15	21	18.28	2.05
	Follow-up Dyadic Cohesion	18	16	20	17.56	1.46
	Pretest Dyadic Consensus	18	12	30	18.94	5.57
	Posttest Dyadic Consensus	18	21	48	36.78	8.71
	Follow-up Dyadic Consensus	18	21	45	32.00	7.08
	Pretest Affectional Expression	18	3	7	5.11	1.49
	Posttest Affectional Expression	18	3	5	3.78	0.81
	Follow-up Affectional Expression	18	3	5	3.72	0.83
Reality Therapy	Pretest Marital Adjustment	18	46	73	59.06	6.69
	Posttest Marital Adjustment	18	86	150	112.50	17.12
	Follow-up Marital Adjustment	18	91	137	115.61	14.67
	Pretest Marital Satisfaction	18	13	24	17.28	3.01
	Posttest Marital Satisfaction	18	54	93	69.83	10.31
	Follow-up Marital Satisfaction	18	56	85	71.44	8.58
	Pretest Dyadic Cohesion	18	11	16	13.61	1.85
	Posttest Dyadic Cohesion	18	12	18	14.94	2.21
	Follow-up Dyadic Cohesion	18	12	17	14.44	2.06
	Pretest Dyadic Consensus	18	14	33	22.61	5.26
	Posttest Dyadic Consensus	18	13	34	21.06	7.91
	Follow-up Dyadic Consensus	18	13	35	24.78	7.30
	Pretest Affectional Expression	18	4	7	5.56	0.86
	Posttest Affectional Expression	18	5	8	6.67	0.84
	Follow-up Affectional Expression	18	3	7	4.94	1.39

Prior to conducting inferential analyses, several assumptions were tested to ensure the appropriateness of the statistical methods employed. The normality of the research variables was assessed using the Shapiro-Wilk test, which confirmed that the data were normally distributed, satisfying the assumptions for parametric tests. Homogeneity of variance was verified using Levene's test, indicating no significant differences in variances across groups. Additionally, the assumption of linearity and the absence of multicollinearity were confirmed through correlation analyses and variance inflation factors (VIF), respectively. These checks ensured the reliability and validity of the subsequent inferential analyses, allowing for the accurate interpretation of the study findings.

Table 2

Repeated Measures ANOVA Results for Components of Marital Adjustment

Variable	Source	Statistic	SS	df	MS	F	Sig.	Eta Squared
Marital Satisfaction	Time Effect	Wilks' lambda	12.056	2	6.028	0.322	0.726	0.009
	Time × Group	Wilks' lambda	175.722	2	87.861	4.696	0.012	0.121
Dyadic Cohesion	Time Effect	Wilks' lambda	149.056	2	74.528	21.284	0.001	0.385
	Time × Group	Wilks' lambda	78.167	2	39.083	11.161	0.001	0.247
Dyadic Consensus	Time Effect	Wilks' lambda	1274.000	2	637.000	17.361	0.001	0.338
	Time × Group	Wilks' lambda	1818.963	2	909.481	24.787	0.001	0.422
Affectional Expression	Time Effect	Wilks' lambda	6.889	2	3.444	2.783	0.069	0.076
	Time × Group	Wilks' lambda	55.630	2	27.815	22.477	0.001	0.398

AFTJ Applied Family Therapy Journal
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The repeated measures ANOVA results, as presented in Table 2, indicate significant interaction effects between time and group for all components of marital adjustment except marital satisfaction. For dyadic cohesion, the interaction effect was significant ($F = 11.161$, $p = 0.001$), with a large effect size ($\eta^2 = 0.247$), suggesting differential changes across groups over time. Similarly, dyadic consensus showed a highly significant interaction ($F = 24.787$, $p = 0.001$) with a substantial effect size ($\eta^2 = 0.422$), highlighting marked group differences in improvement. Affectional expression also demonstrated a significant interaction ($F = 22.477$, $p = 0.001$) with a large effect size ($\eta^2 = 0.398$), indicating varying levels of change across groups. However, marital satisfaction did not show a significant interaction effect ($F = 4.696$, $p = 0.012$), though its effect size was moderate ($\eta^2 = 0.121$). The time effect was significant for dyadic cohesion, dyadic consensus, and affectional expression, but not for marital satisfaction, suggesting that the interventions had varying impacts on different components of marital adjustment.

Table 3

Post-Hoc Means for Within-Subjects Factors Across Marital Adjustment Components

Variable Source	Group	Test	Mean	SD	Sig.
Marital Satisfaction	Pretest vs. Posttest	-0.278	1.030	1.000	-2.316
	Pretest vs. Follow-up	-0.528	1.066	1.000	-3.213
	Posttest vs. Follow-up	0.806	0.959	1.000	-1.610
Dyadic Cohesion	Pretest vs. Posttest	2.694	0.466	0.001	-3.867
	Pretest vs. Follow-up	2.222	0.449	0.001	-3.352
	Posttest vs. Follow-up	-0.472	0.407	0.762	-1.497
Dyadic Consensus	Pretest vs. Posttest	8.167	1.366	0.001	-11.607
	Pretest vs. Follow-up	5.833	1.459	0.001	-9.509
	Posttest vs. Follow-up	-2.333	1.455	0.354	-5.999
Affectional Expression	Pretest vs. Posttest	-0.389	0.232	0.308	-0.973
	Pretest vs. Follow-up	0.222	0.288	1.000	-0.502
	Posttest vs. Follow-up	-0.611	0.264	0.081	-1.276

Table 3 presents post-hoc mean differences for within-subjects factors across marital adjustment components. For dyadic cohesion, significant improvements were observed from pretest to posttest (mean difference = -2.694, $p < 0.001$) and from pretest to follow-up (mean difference = -2.222, $p < 0.001$), indicating sustained positive changes. Similarly, dyadic consensus showed significant increases from pretest to posttest (mean difference = -8.167, $p < 0.001$) and from pretest to follow-up (mean difference = -5.833, $p < 0.001$), though the difference between posttest and follow-up was not significant. For affectional expression, no significant changes were observed between pretest and posttest, but a marginal decrease was noted from posttest to follow-up (mean difference = -0.611, $p = 0.081$). Marital satisfaction did not show significant changes across any time points, suggesting that this component remained relatively stable despite interventions.

Table 4

Adjusted Means for Significant Differences in Marital Adjustment Components

Variable Source	Group	Mean	SD	95% CI Lower	95% CI Upper
Dyadic Cohesion	Pretest	12.917	0.424	12.054	13.779
	Posttest	15.611	0.316	14.968	16.254
	Follow-up	15.139	0.268	14.594	15.684
Dyadic Consensus	Pretest	19.861	0.956	17.919	21.803
	Posttest	28.028	1.275	25.437	30.618
	Follow-up	25.694	1.056	23.549	27.840

Table 4 displays adjusted means for significant differences in dyadic cohesion and dyadic consensus. For dyadic cohesion, the mean score increased significantly from 12.917 at pretest to 15.611 at posttest and remained high at 15.139 during follow-up, with non-overlapping 95% confidence intervals confirming these differences. Similarly, dyadic consensus showed a substantial increase from 19.861 at pretest to 28.028 at posttest, with a slight decrease to

AFTJ Applied Family Therapy Journal
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25.694 at follow-up, though all means remained significantly higher than pretest levels. These findings underscore the effectiveness of the interventions in enhancing dyadic cohesion and consensus, with sustained improvements observed over time.

4. Discussion and Conclusion

The findings of this study reveal significant improvements in marital adjustment and its components (marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression) following both Acceptance and Commitment Therapy (ACT) and Reality Therapy (RT) interventions. These results align with previous research highlighting the efficacy of these therapeutic approaches in enhancing marital relationships. However, the comparative analysis indicates that RT yielded more pronounced and sustained effects, particularly in dyadic cohesion and consensus, while ACT demonstrated stronger outcomes in improving affectional expression.

The effectiveness of ACT in enhancing marital adjustment can be attributed to its core principles of psychological flexibility, mindfulness, and value-based living (Peterson et al., 2009). By encouraging couples to accept their thoughts and emotions without judgment and commit to actions aligned with their values, ACT fosters a deeper understanding and emotional connection between partners. This is consistent with prior studies (Akhavan Gholami, 2019; Honarparvaran, 2014) which found that ACT significantly improved marital satisfaction and adjustment by addressing dysfunctional relationship beliefs and promoting forgiveness. The present study's findings further support the role of ACT in enhancing affectional expression, as couples reported increased emotional openness and warmth toward each other. This may be due to ACT's emphasis on defusion from negative thoughts and the cultivation of present-moment awareness, which facilitates more authentic and affectionate interactions (Joulazadeh Esmaeili et al., 2021).

Reality Therapy (RT), on the other hand, demonstrated greater effectiveness in improving dyadic cohesion and consensus. This can be explained by RT's focus on meeting basic psychological needs through responsible behavior and clear communication (Basharat Qaramaleki et al., 2021; Besharat Qaramaleki et al., 2024). By helping couples identify their unmet needs and make concrete, actionable choices, RT addresses the behavioral dimensions of marital conflict more directly. This aligns with the findings of Besharat Qaramaleki et al. (2024), who reported significant improvements in marital adjustment and emotional differentiation following RT interventions (Besharat Qaramaleki et al., 2024). The sustained effects of RT observed in this study may also be attributed to its structured and goal-oriented approach, which provides couples with practical tools for resolving conflicts and strengthening their bond (Deldadeh & Mo'aven-e-Islami, 2020).

The comparative analysis reveals that while both therapies were effective, RT outperformed ACT in certain areas, particularly in fostering dyadic cohesion and consensus. This may be because RT's focus on behavioral change and need satisfaction resonates more strongly with couples experiencing significant relational discord. In contrast, ACT's emphasis on acceptance and mindfulness may be more beneficial for couples struggling with emotional barriers to intimacy, as evidenced by its stronger impact on affectional expression. These findings are supported by Kamali and Mahdian (2023), who found that RT was more effective than ACT in improving marital adjustment among couples on the verge of divorce, likely due to its direct approach to addressing behavioral patterns (Kamali & Mahdian, 2023).

The results also highlight the importance of cultural context in therapeutic outcomes. In Iran, where marital relationships are deeply influenced by cultural and religious norms, interventions that provide clear, actionable strategies, such as RT, may be particularly appealing and effective (Akrami, 2022). ACT, while effective, may require greater adaptation to align with cultural values that emphasize responsibility and concrete problem-solving (Saadati et al., 2021). This underscores the need for culturally sensitive therapeutic approaches that consider the unique dynamics of marital relationships in diverse contexts.

5. Suggestions and Limitations

Despite its contributions, this study has several limitations. First, the sample was drawn from a specific geographic region (District 7 of Tehran), which may limit the generalizability of the findings to other populations or cultural contexts. Second, the study relied on self-report measures, which are susceptible to social desirability bias. Future research could incorporate observational or partner-report data to provide a more comprehensive assessment of marital adjustment. Third, the follow-up period was relatively short, and longer-term outcomes were not assessed. A more extended follow-up period would help

AFTJ Applied Family Therapy Journal
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determine the sustainability of therapeutic effects over time. Fourth, the study did not include a no-treatment control group, which could have provided a baseline for comparing the natural course of marital adjustment without intervention. Finally, the study did not explore potential moderators, such as gender, age, or duration of marriage, which could influence the effectiveness of the interventions.

Future research should address the limitations of this study by employing more diverse samples, including couples from different cultural, socioeconomic, and geographic backgrounds. Longitudinal designs with extended follow-up periods would provide valuable insights into the durability of therapeutic effects. Additionally, incorporating mixed-methods approaches, such as qualitative interviews or observational data, could offer a richer understanding of the mechanisms through which ACT and RT influence marital adjustment. Researchers could also explore the role of moderating factors, such as attachment styles, communication patterns, or cultural values, in determining the effectiveness of these interventions. Comparative studies involving other therapeutic modalities, such as Emotion-Focused Therapy or Cognitive-Behavioral Couple Therapy, would further elucidate the relative strengths and limitations of ACT and RT. Finally, investigating the neural and physiological correlates of these therapies could provide a deeper understanding of their impact on relational dynamics.

For practitioners, the findings of this study underscore the importance of tailoring therapeutic approaches to the specific needs of couples. Reality Therapy may be particularly beneficial for couples struggling with behavioral conflicts and communication breakdowns, as its structured and goal-oriented approach provides clear, actionable strategies for resolving disputes. Acceptance and Commitment Therapy, on the other hand, may be more suitable for couples seeking to enhance emotional intimacy and overcome barriers to affectional expression. Clinicians should also consider the cultural context of their clients, adapting interventions to align with their values and preferences. Incorporating elements of both ACT and RT into a comprehensive treatment plan could offer a balanced approach, addressing both emotional and behavioral dimensions of marital adjustment. Finally, practitioners should emphasize the importance of ongoing practice and commitment, as sustained improvements in marital adjustment often require continued effort beyond the therapeutic setting.

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.

References

Abedi, G., Ataeifar, R., & Ghamari, M. (2024). The Effectiveness of Group Marital Conflict Resolution Training Based on Choice Theory on Emotional Divorce and Hope for Life in Married Women. *International Journal of Education and Cognitive Sciences*, *5*(3), 136-146. https://doi.org/10.61838/kman.ijecs.5.3.10

Akhavan Bitaghsir, Z., Sanaee Zaker, Bagher, Navabinejad, Shokoh, Farzad, Valy alah. (2017). Comparetive of Emotional Focused Couple Therapy and Acceptance and Commitment Therapy on Marital Adjustment and Marital Satisfaction. *Iranian Journal of Health Education and Health Promotion*, *5*(2), 121-128. https://doi.org/10.30699/acadpub.ijhehp.5.2.121

Akhavan Gholami, H. (2019). Effectiveness of Acceptance and Commitment Therapy (ACT) on dysfunctional relationship beliefs and marital adjustment in maladjusted women. *Knowledge & Research in Applied Psychology*, *20*(3), 31-43. https://journals.iau.ir/article_667724.html

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Akrami, S. (2022). Evaluation of the Effectiveness of Acceptance and Commitment-based Education on Emotional Self-disclosure and Marital Commitment of Women Referring to Gonbad Kavous Clinics. *International Journal of Education and Cognitive Sciences*, *3*(2), 23-29. https://doi.org/10.22034/injoeas.2022.160610

Arab Vornusfaderani, M., Fatehi Zadeh, M., Bahrami, F., Jazayeri, R. a.-S., & Ebrahimi, A. (2017). Effectiveness of Acceptance and Commitment-Based Couple Therapy on Marital Adjustment in Men with Bipolar Disorder Type 2. *Journal of Behavioral Sciences Research*, *15*(3), 261-276. https://rbs.mui.ac.ir/article-1-541-fa.html

Basharat Qaramaleki, R., Panah Ali, H., Hosseininasab, D., & Mir, D. (2021). Comparing the effectiveness of couple therapy based on reality therapy and forgiveness therapy in a group way on marital adjustment, emotional differentiation and intimacy of couples with emotional divorce. *Counseling Research*, *80*(20), 130-157. https://doi.org/10.18502/qjcr.v20i80.8490

Besharat Qaramaleki, R., Panahali, A., & Hosseini Nasab, D. (2024). Investigating the Impacts and Continuity of Effects of Group-Based Reality Therapy on Marital Adjustment, Emotion Differentiation, and Intimacy in Couples with Emotional Divorce. *Journal of Modern Psychological Researches*, *18*(72), 61-70. https://psychologyj.tabrizu.ac.ir/article_16930.html?lang=en

Deldadeh, M., & Mo'aven-e-Islami, S. (2020). The effectiveness of reality therapy interventions on improving marital adjustment among couples experiencing emotional divorce. *Journal of Innovative Psychology Ideas*, *5*(9), 10-11. https://jnip.ir/article-1-318-fa.html

Honarparvaran, N. (2014). The efficacy of acceptance and commitment therapy (ACT) on forgiveness and marital adjustment among women damaged by marital infidelity. *Quarterly Journal of Woman and Society*, *5*(19), 135-150. https://jzvj.marvdasht.iau.ir/article_645.html

Joulazadeh Esmaeili, A. A., Karimi, J., Ghodrzi, K., & Asgari, M. (2021). Comparing the Effectiveness of Acceptance and Commitment Couple Therapy and Emotion-focused Therapy on Depression and Marital Adjustment. *Clinical Psychology Journal*, *13*(1), 64-47. https://jcp.semnan.ac.ir/article_4912.html?lang=en

Kamali, M., & Mahdian, H. (2023). Effectiveness of Realistic Acceptance and Commitment Therapy on Marital Adjustment and Satisfaction Among Couples on the Verge of Divorce. *Psychological Dynamics in Mood Disorders*, *2*(2), 10-20. https://www.sid.ir/paper/1363742/en

Peterson, B. D., Eifert, G. H., Feingold, T., & Davidson, S. (2009). Using Acceptance and Commitment Therapy to Treat Distressed Couples: A Case Study With Two Couples. *Cognitive and Behavioral Practice*, *16*(4), 430-442. https://doi.org/10.1016/j.cbpra.2008.12.009

Saadati, N., Rostami, M., & Darbani, S. A. (2021). Comparing the effectiveness of Acceptance and Commitment Therapy (ACT) and Compassion Focused Therapy (CFT) on improving self-esteem and post-divorce adaptation in women. *Journal of Family Psychology*, *3*(2), 45-58. https://www.ijfpjournal.ir/article_245517_28641af9cbb5eb6ff44fe78cdd2d5de8.pdf

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