

The Effectiveness of Acceptance and Commitment–Based Training on Anger Rumination and Marital Satisfaction among Couples with Obsessive–Compulsive Disorder

Leila. Fotovat¹, Maryam. Talebi², Sepideh. Jannati^{3*}, Mohammadreza. Nasaji⁴, Kamran. Pourmohammad Ghouchani⁵

¹ Department of General Psychology, Imam Khomeini International University, Qazvin, Iran

² Department of Psychology, ShQ.C. Islamic Azad University, Shahr-E Qods, Iran

³ Department of Clinical Psychology, Shi.C. Islamic Azad University, Shiraz, Iran

⁴ Department of General Psychology, Ka.C., Islamic Azad University, Karaj, Iran

⁵ Department of Clinical Psychology, Ki.C., Islamic Azad University, Kish, Iran

* Corresponding author email address: Jnt.spi.81@gmail.com

Article Info

Article type:

Original Research

Section:

Family and Couple Therapy

How to cite this article:

Fotovat, L., Talebi, M., Jannati, S., Nasaji, M., & Pourmohammad Ghouchani, K. (2027). The Effectiveness of Acceptance and Commitment–Based Training on Anger Rumination and Marital Satisfaction among Couples with Obsessive–Compulsive Disorder. *KMAN Counseling and Psychology Nexus*, 5, 1-14.

<https://doi.org/10.61838/kman.psynexus.6447>



© 2027 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

This study aimed to determine the effectiveness of Acceptance and Commitment–Based Training on anger rumination and marital satisfaction among couples with obsessive–compulsive disorder. The present study employed a quasi-experimental pretest–posttest design with an experimental group and a control group. The statistical population consisted of couples with obsessive–compulsive disorder who attended specialized counseling and psychotherapy centers in Tehran in 2026. Using convenience sampling, 32 individuals comprising 16 couples were selected and randomly assigned to an experimental group and a control group, with 16 participants, equivalent to eight couples, in each group. Data were collected using the Anger Rumination Scale developed by Sukhodolsky et al. (2001) and the 47-item short form of the ENRICH Marital Satisfaction Questionnaire. The experimental group participated in eight 60-minute sessions of Acceptance and Commitment–Based Training, whereas the control group received no experimental intervention during the same period. Data were analyzed using descriptive statistics and analysis of covariance after examination of the relevant statistical assumptions. After controlling for corresponding pretest scores, analysis of covariance showed a significant effect of group membership on anger rumination, $F(1, 29) = 38.19$, $p < .001$, partial $\eta^2 = .568$, indicating significantly lower posttest anger-rumination scores in the experimental group than in the control group. A significant intervention effect was also observed for marital satisfaction, $F(1, 29) = 37.91$, $p < .001$, partial $\eta^2 = .567$, with the experimental group demonstrating significantly higher posttest marital-satisfaction scores than the control group. These effect sizes indicated substantial intervention effects on both dependent variables. Acceptance and Commitment–Based Training was effective in reducing anger rumination and increasing marital satisfaction among couples with obsessive–compulsive disorder. The intervention may therefore provide a useful psychological approach for addressing repetitive anger-related cognition and improving relational functioning in couples experiencing obsessive–compulsive difficulties.

Keywords: *Acceptance and Commitment Therapy; Anger Rumination; Marital Satisfaction; Obsessive–Compulsive Disorder; Couples*

1. Introduction

Obsessive–compulsive disorder is a persistent psychological condition characterized by intrusive, repetitive, and unwanted thoughts, images, or impulses and by compulsive behaviors or mental acts that individuals feel driven to perform in response to distress. Although its clinical manifestations are commonly discussed at the individual level, the interpersonal consequences of obsessive–compulsive symptoms are equally important, particularly in the context of intimate relationships. Recurrent doubt, excessive responsibility, reassurance seeking, checking, contamination concerns, ritualized behaviors, rigidity, and heightened sensitivity to uncertainty can gradually influence patterns of communication, emotional responsiveness, and role functioning within marriage. Individuals with obsessive–compulsive difficulties may experience considerable distress when thoughts or feelings are perceived as threatening or uncontrollable, and this distress may be accompanied by avoidance and attempts to suppress internal experiences (Pourmohammad Qouchani, 2021). Such processes may also place strain on the marital system because partners can become involved in reassurance, accommodation, avoidance, or conflict surrounding compulsive patterns. Psychological adjustment to persistent or distressing conditions is generally shaped not only by the symptoms themselves but also by the ways in which individuals cognitively, emotionally, and socially adapt to impairment and stress (Antonak et al., 2023). In marital relationships, this adaptation requires the regulation of emotion, flexibility in responding to interpersonal demands, and the capacity to maintain connection despite distress. The need for specialized counseling and psychological interventions for couples experiencing marital problems has therefore received increasing attention, particularly where individual distress interacts with couple-level dysfunction (Bustan et al., 2024). Marital functioning is not merely the absence of conflict; it also depends on intimacy, reciprocal responsiveness, communication, emotional security, and the ability to interpret the partner's behavior in constructive ways. Perceptions and expectations within romantic

relationships may influence how partners evaluate each other's behavior, such that more positive expectations may increase the likelihood of perceiving supportive and relationship-enhancing behaviors (Joel et al., 2023). Likewise, intimacy develops through reciprocal disclosure, perceived responsiveness, and the experience of being understood, validated, and cared for by one's partner (Laurenceau et al., 2020). When obsessive–compulsive symptoms interfere with these interpersonal processes, marital satisfaction may decline, and maladaptive emotional patterns such as anger rumination may become more prominent.

Anger rumination refers to the repetitive, persistent, and often involuntary tendency to focus on anger-provoking experiences, causes of anger, memories of past offenses, perceived injustices, and thoughts of retaliation. Unlike an immediate episode of anger, rumination prolongs the emotional significance of an event by repeatedly reactivating anger-related thoughts and memories even after the triggering situation has ended. Empirical evidence has linked anger rumination to impaired interpersonal functioning, greater conflict, poorer relationship quality, and difficulties in adaptive emotion regulation (Border et al., 2022). The tendency to mentally rehearse anger-provoking events can increase the duration and intensity of negative affect, narrow attentional focus toward threat or blame, and make flexible interpersonal responding more difficult. From an emotion-regulation perspective, anger is influenced by the interaction of motivational, cognitive, physiological, and situational processes, and ineffective regulation can transform a transient emotional response into a persistent behavioral and relational problem (Reeve, 2022). Research on anger expression and control has similarly emphasized the role of emotional competencies in shaping how individuals experience, communicate, and regulate anger (Ramezani & Abdollahi, 2023). Interventions directed specifically toward anger regulation have shown that anger-related behaviors can be modified through structured psychological training that enhances self-regulation, cognitive appraisal, and coping skills (Navidi, 2021; Sadeghi, 2021). Moreover, cognitive-behavioral approaches have demonstrated effectiveness in reducing aggression and maladaptive

emotional reactions among individuals experiencing psychological or neurological difficulties (Rahimi Ahmadabadi et al., 2023). These findings are relevant to couples affected by obsessive-compulsive disorder because the emotional burden of persistent intrusive thoughts, compulsive demands, relational accommodation, and repeated misunderstandings can create fertile conditions for anger, resentment, and repetitive negative thinking. Anger rumination can then function as a mechanism through which unresolved interpersonal events remain cognitively active, thereby increasing emotional distance and reinforcing negative interpretations of the partner's behavior. In this context, reducing anger rumination requires more than suppressing angry thoughts; it requires changing the individual's relationship with internal experiences so that anger-related thoughts and emotions can be noticed without prolonged cognitive entanglement or impulsive behavioral reaction.

Marital satisfaction represents another central dimension of psychological and relational functioning in couples. It generally reflects an individual's overall evaluation of the quality of the marital relationship and encompasses emotional intimacy, communication, mutual understanding, affection, sexual satisfaction, conflict management, shared values, and perceived support. A satisfying marital relationship depends in part on the capacity of partners to regulate their own emotions while remaining responsive to each other. Effective self-regulation facilitates relationship maintenance and helps partners engage in constructive sacrifice and behaviors that preserve relational stability even during periods of disagreement or stress (Low et al., 2022). Relationship enrichment approaches have likewise emphasized the importance of emotional processes, affection, sacrifice, and sexual well-being in promoting healthier couple functioning (Bekaan & Safarzadeh, 2023). When couples repeatedly encounter unresolved distress, emotional disconnection, or maladaptive coping patterns, marital satisfaction may deteriorate and conflicts may become increasingly entrenched. Studies among couples experiencing marital distress have documented the clinical relevance of variables such as marital conflict, emotional divorce, self-differentiation, intimacy, forgiveness, burnout, family adaptability, mental well-being, sexual satisfaction, and couple-maintenance strategies (Eshaqabadi et al., 2024; Hashemizadeh et al., 2025; Moradi Norouzi et al., 2025; Mousavi Shabestari et al., 2025; Najibzadegan et al., 2024). Such findings suggest that marital satisfaction should be conceptualized as part of a broader system of psychological

flexibility, emotional regulation, interpersonal responsiveness, and value-consistent relationship behavior. This perspective is especially relevant to couples affected by obsessive-compulsive disorder, because symptoms can create recurring disagreements about rituals, reassurance, avoidance, household responsibilities, emotional availability, or accommodation of compulsive behaviors. In these circumstances, partners may begin to organize their interactions around symptom control rather than around shared values and meaningful connection. Over time, the relationship can become dominated by efforts to prevent distress, avoid conflict, reduce uncertainty, or manage compulsions, thereby diminishing flexibility and satisfaction.

Acceptance and Commitment Therapy represents a contextual behavioral approach that may be particularly relevant to these difficulties. Rather than aiming primarily to eliminate unwanted thoughts, emotions, or bodily sensations, ACT seeks to increase psychological flexibility, defined broadly as the ability to remain in contact with present-moment experience while choosing behaviors that are consistent with personally meaningful values. Core ACT processes include acceptance, cognitive defusion, present-moment awareness, self-as-context, clarification of values, and committed action (Izadi & Abedi, 2023; Johnson & Bennett, 2023). Acceptance involves developing willingness to experience difficult internal events without unnecessary struggle or avoidance, whereas cognitive defusion involves changing the functional impact of thoughts by helping individuals perceive them as mental events rather than literal truths that must dictate behavior. Process-based analyses have identified cognitive defusion as a central mechanism through which ACT may reduce excessive attachment to distressing thoughts and promote more flexible behavioral responding (Assaz et al., 2023). In obsessive-compulsive difficulties, these processes are theoretically relevant because efforts to control, suppress, neutralize, or escape intrusive experiences often paradoxically strengthen their behavioral importance. By helping individuals notice thoughts without automatically responding to them, ACT may decrease experiential avoidance and reduce the dominance of intrusive cognition over behavior. Its emphasis on values and committed action may also help individuals redirect attention from symptom control toward meaningful participation in marital and family life. ACT has been applied across a wide range of psychological and health contexts, and its principles have been adapted for delivery by both mental health and non-mental-health professionals,

reflecting the flexibility of the approach across intervention settings (Arnold et al., 2022). Research has also illustrated the usefulness of ACT in helping individuals adapt to difficult life circumstances by changing how they respond to distress rather than requiring that distress first disappear (Large et al., 2020; Lindsay, 2024). This orientation is particularly appropriate when distressing internal experiences cannot be completely prevented and when excessive attempts to control them contribute to additional suffering.

The application of ACT to couple relationships has gained increasing empirical support. Couple-oriented ACT interventions seek to improve psychological flexibility within the relational context by helping partners recognize rigid behavioral patterns, disengage from unhelpful cognitive fusion, tolerate difficult emotions, clarify relationship values, and engage in behaviors that express those values even when conflict or discomfort is present. A systematic review and meta-analysis of ACT for couples indicated that the approach has meaningful potential for improving relationship-related and psychological outcomes (Barraca et al., 2024; Barraca et al., 2025). The model is compatible with the understanding that marital distress is often maintained not simply by the presence of difficult emotions but by the rigid strategies couples use to avoid, control, or react to those emotions. For example, one partner may attempt to suppress frustration, another may engage in criticism or withdrawal, and both may become increasingly fused with interpretations such as “my partner does not understand me” or “this situation will never change.” Through acceptance and defusion, such thoughts can be experienced with greater distance, while values clarification can restore attention to desired relational qualities such as compassion, patience, respect, intimacy, cooperation, and mutual support. Research conducted among couples and married individuals has reported favorable effects of acceptance- and commitment-based interventions on marital satisfaction, cognitive avoidance, marital conflict, intimacy, burnout, forgiveness, self-regulation, marital stability, and related outcomes (Asghari Barmaei, 2025; Eshaqabadi et al., 2024; Faraji et al., 2021; Hosseini et al., 2022; Moradi Norouzi et al., 2025; Najibzadegan et al., 2024). Acceptance-based interventions have also been compared with other established approaches in couple therapy, suggesting that ACT constitutes a credible therapeutic framework for improving relational functioning in distressed couples (Hosseini et al., 2022; Mousavi Shabestari et al., 2025). These findings provide a rationale for examining

whether ACT-based training can simultaneously address maladaptive emotional processes such as anger rumination and broader relationship outcomes such as marital satisfaction in couples affected by obsessive-compulsive disorder.

The potential effectiveness of ACT for anger rumination can be understood through its emphasis on reducing experiential avoidance and cognitive fusion. Individuals who ruminate about anger often become entangled with memories, judgments, perceived insults, and retaliatory thoughts, treating these mental events as problems that require continued analysis. This sustained engagement can amplify emotional arousal and interfere with adaptive interpersonal behavior. ACT does not require individuals to dispute the factual accuracy of each anger-related thought; instead, it trains them to notice thoughts as thoughts, make room for emotional discomfort, and choose actions based on values rather than momentary urges. This distinction is important because attempts to suppress anger, intrusive thoughts, or distressing emotions may be difficult to sustain and may reinforce the perceived threat posed by internal experiences. By contrast, acceptance, mindfulness, and defusion may weaken the behavioral control of repetitive cognition. Studies examining ACT across different clinical and nonclinical populations have reported beneficial effects on psychological flexibility, emotion regulation, adherence to adaptive behavior, anxiety, experiential avoidance, and broader well-being (Binandeh, 2021; Rajabi, 2023; Sahragard, 2024). Although these populations differ from couples with obsessive-compulsive disorder, the underlying processes are relevant because psychological inflexibility, avoidance, and over-engagement with distressing cognition occur across diagnostic categories. ACT therefore offers a transdiagnostic framework through which both obsession-related distress and anger-related repetitive thinking may be addressed. At the relational level, reducing fusion with hostile interpretations and increasing willingness to experience discomfort may create space for more constructive communication, responsiveness, and value-consistent interaction. This process may be particularly valuable in couples in which repetitive conflict and symptom accommodation have become habitual.

At the same time, improvement in marital satisfaction may depend on whether therapeutic change extends from intrapersonal psychological flexibility to interpersonal behavior. ACT emphasizes that valued living requires concrete committed action; therefore, identifying values such as intimacy, loyalty, kindness, cooperation, or mutual

respect is insufficient unless those values are translated into observable relationship behaviors. When individuals learn to respond to difficult thoughts and emotions with greater flexibility, they may become better able to remain engaged in conversations, tolerate disagreement, reduce defensive reactions, and engage in supportive behaviors despite emotional discomfort. These processes overlap with established findings that relational maintenance depends on self-regulation, sacrifice, perceived responsiveness, and constructive interpretation of a partner's behavior (Joel et al., 2023; Laurenceau et al., 2020; Low et al., 2022). Evidence from acceptance- and commitment-based couple interventions further suggests that enhancing flexibility can improve relational outcomes among individuals experiencing marital problems (Asghari Barmaei, 2025; Faraji et al., 2021). Comparative work has also shown that ACT-based approaches can produce meaningful improvements in family adaptability, mental well-being, marital self-regulation, couple-maintenance strategies, intimacy, and sexual satisfaction (Hashemizadeh et al., 2025; Hosseini et al., 2022; Moradi Norouzi et al., 2025; Mousavi Shabestari et al., 2025). These findings are consistent with the broader view that effective couple interventions should not only reduce distress but also strengthen capacities that allow partners to maintain a meaningful relationship under difficult emotional conditions.

Despite the growing evidence supporting ACT in individual and couple contexts, an important gap remains regarding its simultaneous effects on anger rumination and marital satisfaction among couples with obsessive-compulsive disorder. Much of the existing literature has examined ACT in relation to anxiety, experiential avoidance, psychological flexibility, marital conflict, intimacy, burnout, or general relationship functioning, while relatively less attention has been given to repetitive anger-focused cognition as a relationally significant outcome in couples affected by obsessive-compulsive symptoms. This gap is noteworthy because anger rumination may serve as an important bridge between individual distress and marital dysfunction: intrusive or compulsive difficulties can generate conflict, unresolved conflict can fuel repetitive anger-related thinking, and persistent rumination can in turn weaken intimacy and satisfaction. Furthermore, although ACT has been supported as a flexible intervention across a range of settings and populations (Arnold et al., 2022; Large et al., 2020; Lindsay, 2024), its effectiveness depends on testing specific mechanisms and outcomes within clearly

defined clinical and relational populations. Recent research on ACT with couples has strengthened the empirical basis for its use in relational difficulties (Barraca et al., 2024; Barraca et al., 2025), while studies in Iranian samples have demonstrated promising effects on marital conflict, marital satisfaction, intimacy, stability, self-regulation, and other family-related outcomes (Asghari Barmaei, 2025; Eshaqabadi et al., 2024; Faraji et al., 2021; Hosseini et al., 2022). Nevertheless, couples in which one or both partners experience obsessive-compulsive disorder may present a distinctive combination of intrusive cognition, avoidance, emotional reactivity, relational accommodation, and repeated interpersonal strain. Examining ACT-based training in this population may therefore contribute both clinically and theoretically by clarifying whether increasing psychological flexibility is associated with reduced anger rumination and improved marital satisfaction. Accordingly, the aim of the present study was to determine the effectiveness of Acceptance and Commitment-Based Training on anger rumination and marital satisfaction among couples with obsessive-compulsive disorder.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental pretest-posttest design with an experimental group and a control group to investigate the effectiveness of Acceptance and Commitment-Based Training on anger rumination and marital satisfaction among couples with obsessive-compulsive disorder (OCD). The statistical population consisted of couples with obsessive-compulsive problems who attended specialized counseling and psychotherapy centers in Tehran during 2026. Participants were recruited using convenience sampling from couples who had referred to these centers and met the eligibility criteria established for the study. After receiving an explanation of the objectives and procedures of the research, eligible participants were informed about the voluntary nature of participation and were asked to provide informed consent. They subsequently completed the study questionnaires at the pretest stage. Based on the screening procedure, questionnaire cutoff scores, and study eligibility criteria, 32 individuals, corresponding to 16 couples, were selected for participation. The selected participants were then randomly assigned, using a random allocation procedure, to either the experimental group or the control group, with 16 individuals, equivalent to eight couples, in each group. Both groups

completed the Anger Rumination Scale and the ENRICH Marital Satisfaction Questionnaire before the intervention. Participants assigned to the experimental group subsequently received eight 60-minute sessions of Acceptance and Commitment-Based Training, whereas the control group received no experimental intervention during the same period. Following completion of the eight intervention sessions, both groups were reassessed using the same measures under comparable conditions. Thus, the independent variable was Acceptance and Commitment-Based Training, while anger rumination and marital satisfaction constituted the principal dependent variables. The use of pretest and posttest assessments in both groups made it possible to examine changes in the outcome variables over the course of the intervention while accounting for participants' baseline scores.

2.2. Data Collection Tools

Anger Rumination Scale. Anger rumination was assessed using the Anger Rumination Scale developed by Sukhodolsky et al. (2001). The instrument consists of 19 items designed to measure the tendency to engage in repetitive and persistent thinking about anger-provoking experiences and consists of four dimensions: angry afterthoughts, thoughts of revenge, angry memories, and understanding of causes. Angry afterthoughts are assessed by Items 7, 8, 9, 17, 18, and 19; thoughts of revenge are measured by Items 4, 6, 13, and 15; angry memories are assessed by Items 1, 2, 3, 5, and 14; and understanding of causes is measured by Items 10, 11, 12, and 16. Responses are scored on a four-point Likert-type scale ranging from 1, indicating a very low degree, to 4, indicating a very high degree. The scores of the relevant items are summed to obtain scores for the four dimensions, while the total score is calculated by summing the scores across all 19 items. Higher scores represent greater levels of anger rumination, indicating a stronger tendency to repeatedly recall, analyze, and mentally rehearse anger-related experiences and retaliatory thoughts. The original developers reported strong internal consistency for the instrument, with a Cronbach's alpha coefficient of approximately .97. In an Iranian psychometric investigation, Besharat (2011) also supported the construct and concurrent validity of the scale and reported a Cronbach's alpha coefficient of approximately .95, indicating satisfactory reliability for its application in Iranian samples. In the present study, the scale was administered to both experimental and control participants

during the pretest and posttest stages to determine whether Acceptance and Commitment-Based Training was associated with a reduction in anger rumination.

ENRICH Marital Satisfaction Questionnaire. Marital satisfaction was assessed using the 47-item short form of the ENRICH Marital Satisfaction Questionnaire. The ENRICH instrument was originally developed as a comprehensive measure for evaluating important dimensions of marital and couple relationships, with the initial version consisting of 125 items distributed across 14 subscales. A subsequent version consisting of 115 items and 12 subscales was developed by Olson, Fournier, and Druckman in 1989. In Iran, Soleimani developed a shorter 47-item version in 1994, which has subsequently been extensively employed in Iranian research concerning marital satisfaction and related aspects of couple relationships. The 47-item short form provides an overall assessment of marital satisfaction and contains items addressing important relational domains, including the quality of marital communication and sexual relationships. Items are scored on a five-point Likert scale ranging from 1 for "strongly disagree" to 5 for "strongly agree," with scoring adjusted in accordance with the direction of the individual items where required. An overall marital satisfaction score is obtained by summing participants' responses to the questionnaire items. Higher total scores indicate higher levels of marital satisfaction and a more favorable evaluation of the marital relationship, whereas lower scores indicate greater dissatisfaction and relational difficulties. Previous Iranian and international evaluations of the ENRICH questionnaire and its shortened versions have provided evidence supporting its construct validity, criterion-related validity, internal consistency, and reliability, and the 47-item form has become one of the frequently used instruments for evaluating marital satisfaction in Iranian clinical and research settings. In the present study, the questionnaire was administered before and after the intervention to both groups in order to assess changes in perceived marital satisfaction associated with participation in Acceptance and Commitment-Based Training.

2.3. Intervention

The intervention administered to the experimental group consisted of eight 60-minute sessions of Acceptance and Commitment-Based Training based on the Acceptance and Commitment Therapy framework proposed by Hayes and colleagues (2004). The training was organized around the

principal processes of psychological flexibility, including acceptance, cognitive defusion, present-moment awareness, self-as-context, clarification of values, and committed action. In the first session, therapeutic rapport was established, participants were introduced to the overall rationale and basic principles of the acceptance and commitment approach, and concepts such as acceptance, commitment, and personal values were explained; participants were also encouraged to identify and record important personal and relational values. The second session focused on mindfulness and cognitive defusion, with participants practicing present-moment awareness and learning to observe thoughts as passing mental events rather than literal truths requiring immediate response; daily mindfulness practice was assigned as homework. The third session emphasized acceptance of unpleasant internal experiences, particularly distressing emotions and intrusive or repetitive thoughts, and participants practiced replacing attempts to suppress or struggle with such experiences with openness and willingness; they were instructed to record stressful experiences and apply acceptance techniques between sessions. The fourth session introduced the concept of self-as-context and helped participants establish psychological distance from their thoughts, emotions, and other internal events through exercises designed to promote observation without excessive identification with mental content. The fifth session concentrated on clarification of personal and marital values, enabling participants to distinguish meaningful values from transient goals and to formulate short- and long-term objectives consistent with their identified values. The sixth session focused on committed action and the translation of values into specific behavioral steps within everyday and marital life, with each participant planning and implementing at least one concrete value-consistent action. During the seventh session, progress achieved during the intervention was reviewed, difficulties and barriers to maintaining adaptive behavior were identified, previously learned acceptance, mindfulness, and defusion skills were consolidated, and participants developed strategies for responding effectively to future challenges. The eighth and final session concentrated on integration and maintenance of therapeutic changes, relapse prevention, comprehensive review of the skills acquired during the program, and development of individualized long-term plans for maintaining value-directed behaviors and responding flexibly to intrusive thoughts, anger-related experiences, and relational difficulties. The posttest assessment was conducted after completion of the

intervention. Throughout the intervention period, the control group did not receive Acceptance and Commitment-Based Training or another experimental psychological intervention, thereby allowing post-intervention differences between the two groups to be evaluated in relation to the training program.

2.4. Data Analysis

Data obtained from the pretest and posttest assessments were analyzed using descriptive and inferential statistical procedures. At the descriptive level, frequency and percentage were used where appropriate to summarize categorical characteristics of the participants, whereas means and standard deviations were calculated to describe scores on anger rumination and marital satisfaction at the pretest and posttest stages in the experimental and control groups. Prior to conducting inferential analyses, the statistical assumptions required for parametric analysis were evaluated, including examination of the distribution of the dependent variables, identification of potential extreme observations, assessment of homogeneity of variances, and evaluation of the homogeneity of regression slopes where applicable. Because the study employed a two-group pretest–posttest quasi-experimental design and the objective was to determine whether the experimental and control groups differed at posttest after accounting for their initial scores, analysis of covariance (ANCOVA) was used to evaluate the intervention effects on anger rumination and marital satisfaction, with the respective pretest scores entered as covariates and posttest scores treated as dependent variables. Where the outcome variables were examined simultaneously, multivariate analysis of covariance (MANCOVA) could additionally be used as the overall multivariate test before examining the corresponding univariate effects. Effect-size indices were calculated to determine the magnitude of the observed intervention effects in addition to statistical significance. All statistical tests were performed using a two-tailed significance level of .05, with results interpreted by considering both the statistical significance and magnitude of the differences between the experimental and control groups.

3. Findings and Results

The study included 32 participants comprising 16 married couples, of whom 16 individuals representing eight couples were assigned to the experimental group and 16 individuals representing eight couples were assigned to the control

group. Because participants were enrolled as couples, the total sample consisted of 16 men (50.0%) and 16 women (50.0%). The mean age of participants in the experimental group was 34.69 years ($SD = 5.48$), compared with 35.13 years ($SD = 5.72$) in the control group. Regarding educational attainment, in the experimental group, 3 participants (18.75%) had a high-school diploma or lower, 9 (56.25%) held a bachelor's degree, and 4 (25.00%) had a

master's degree or higher. In the control group, 4 participants (25.00%) had a high-school diploma or lower, 8 (50.00%) held a bachelor's degree, and 4 (25.00%) had a master's degree or higher. The mean duration of marriage was 8.94 years ($SD = 4.37$) in the experimental group and 9.31 years ($SD = 4.61$) in the control group. Overall, the two groups were relatively comparable in their demographic characteristics at baseline.

Table 1

Descriptive Statistics for Anger Rumination and Marital Satisfaction in the Experimental and Control Groups

Variable	Group	Pretest M	Pretest SD	Posttest M	Posttest SD
Anger rumination	Experimental	52.44	6.73	38.81	6.19
Anger rumination	Control	51.88	6.41	50.31	6.57
Marital satisfaction	Experimental	121.69	13.84	148.56	14.27
Marital satisfaction	Control	123.13	14.16	125.44	13.92

As shown in Table 1, the experimental and control groups had relatively similar mean scores on the study variables at the pretest stage. For anger rumination, the experimental group's mean score decreased from 52.44 ($SD = 6.73$) at pretest to 38.81 ($SD = 6.19$) at posttest, indicating a substantial reduction following Acceptance and Commitment-Based Training. In comparison, the mean anger-rumination score in the control group changed only slightly from 51.88 ($SD = 6.41$) to 50.31 ($SD = 6.57$). A reverse pattern was observed for marital satisfaction. The experimental group's mean marital-satisfaction score increased from 121.69 ($SD = 13.84$) at pretest to 148.56 ($SD = 14.27$) at posttest, whereas the control group's mean increased only slightly from 123.13 ($SD = 14.16$) to 125.44 ($SD = 13.92$). These descriptive findings suggest that participation in Acceptance and Commitment-Based Training was associated with reduced anger rumination and increased marital satisfaction among couples with obsessive-compulsive disorder.

Before conducting the analysis of covariance, the relevant statistical assumptions were examined. The Shapiro-Wilk

test indicated that the distributions of anger-rumination and marital-satisfaction scores did not significantly deviate from normality in either the experimental or control group at the pretest and posttest stages, with all p values greater than .05. Examination of extreme values also revealed no influential outliers that would substantially affect the analyses. Levene's test for equality of error variances was nonsignificant for anger rumination, $F(1, 30) = 0.42$, $p = .522$, and marital satisfaction, $F(1, 30) = 0.31$, $p = .582$, supporting the assumption of homogeneity of variances. In addition, the interaction between group membership and the corresponding pretest score was not statistically significant for anger rumination, $F(1, 28) = 0.68$, $p = .417$, or marital satisfaction, $F(1, 28) = 0.74$, $p = .397$, confirming the assumption of homogeneity of regression slopes. The relationships between the pretest covariates and corresponding posttest scores were approximately linear. Therefore, the principal assumptions required for ANCOVA were considered satisfied, and analysis of covariance was subsequently performed.

Table 2

Analysis of Covariance for the Effects of Acceptance and Commitment-Based Training on Anger Rumination and Marital Satisfaction

Dependent Variable	Source	SS	df	MS	F	p	Partial η^2
Anger rumination	Pretest	452.37	1	452.37	18.64	<.001	.391
	Group	926.84	1	926.84	38.19	<.001	.568
	Error	703.79	29	24.27	—	—	—
Marital satisfaction	Pretest	1842.61	1	1842.61	16.72	<.001	.366
	Group	4178.53	1	4178.53	37.91	<.001	.567
	Error	3195.47	29	110.19	—	—	—

The ANCOVA results presented in Table 2 demonstrated a statistically significant effect of group membership on both dependent variables after controlling for corresponding pretest scores. For anger rumination, the effect of the intervention was significant, $F(1, 29) = 38.19$, $p < .001$, partial $\eta^2 = .568$, indicating that approximately 56.8% of the adjusted variance in posttest anger-rumination scores was associated with group membership after controlling for baseline differences. Considering the direction of the descriptive means, participants in the experimental group demonstrated substantially lower anger-rumination scores at posttest than those in the control group. A significant intervention effect was also found for marital satisfaction, $F(1, 29) = 37.91$, $p < .001$, partial $\eta^2 = .567$, indicating that approximately 56.7% of the adjusted variance in posttest marital-satisfaction scores was attributable to group membership after controlling for pretest scores. The experimental group showed markedly higher marital-satisfaction scores than the control group at posttest. Taken together, these findings indicate that Acceptance and Commitment-Based Training was effective in reducing anger rumination and improving marital satisfaction among couples with obsessive-compulsive disorder.

4. Discussion

The present study examined the effectiveness of Acceptance and Commitment-Based Training on anger rumination and marital satisfaction among couples with obsessive-compulsive disorder. The findings indicated that, after controlling for pretest scores, participants in the experimental group showed a significant reduction in anger rumination and a significant increase in marital satisfaction compared with participants in the control group. The magnitude of the observed effects was substantial, suggesting that the intervention was not only statistically significant but also clinically meaningful in modifying both a maladaptive cognitive-emotional process and a central relational outcome. These findings support the assumption that psychological flexibility processes targeted in Acceptance and Commitment Therapy may be especially relevant for couples whose marital functioning is affected by intrusive thoughts, repetitive mental activity, avoidance, emotional reactivity, and rigid coping strategies. The results are consistent with the growing body of literature showing that acceptance- and commitment-based interventions can improve psychological and relational functioning across

different populations and treatment contexts (Arnold et al., 2022; Izadi & Abedi, 2023; Johnson & Bennett, 2023). They are also in line with research indicating that ACT can be effectively adapted to couple-based interventions and may improve important relationship outcomes when maladaptive emotional and behavioral patterns contribute to marital distress (Barraca et al., 2024; Barraca et al., 2025). The overall pattern of findings therefore suggests that an intervention centered on acceptance, cognitive defusion, present-moment awareness, values clarification, self-as-context, and committed action can simultaneously influence internal cognitive-emotional processes and the quality of marital relationships.

The first major finding was that Acceptance and Commitment-Based Training significantly reduced anger rumination. This result is theoretically compatible with the core mechanisms of ACT, particularly cognitive defusion and acceptance. Anger rumination is sustained by repetitive attention to past offenses, perceived injustices, revenge-related thoughts, and explanations for anger, and it tends to prolong emotional activation long after the precipitating event has ended (Border et al., 2022). Individuals who are highly fused with anger-related thoughts may experience such thoughts as accurate representations of reality or as mental content that must be analyzed, resolved, or acted upon. ACT seeks to weaken this literal relationship with cognition by teaching individuals to observe thoughts as transient psychological events rather than as directives that require continued engagement. Process-based analyses of ACT have identified cognitive defusion as an important mechanism through which the functional impact of distressing thoughts can be reduced (Assaz et al., 2023). In the present study, exercises that encouraged participants to notice thoughts without judgment, observe emotional experiences from a broader perspective, and refrain from automatic cognitive engagement may have reduced the tendency to repeatedly rehearse anger-provoking situations. Acceptance-based strategies may also have decreased the struggle against distressing feelings and intrusive thoughts, thereby reducing the paradoxical amplification that often follows suppression or control efforts. This interpretation is consistent with evidence that ACT can improve emotion regulation, reduce experiential avoidance, and increase psychological flexibility in a range of clinical and nonclinical populations (Binandeh, 2021; Rajabi, 2023; Sahragard, 2024).

The observed reduction in anger rumination can also be understood within the broader literature on anger regulation. Previous studies have emphasized that anger is influenced not only by situational triggers but also by the ways individuals interpret, regulate, and mentally revisit emotionally provocative events (Reeve, 2022). Research on anger expression has similarly shown that emotional competencies and regulatory capacities are closely related to how anger is experienced and controlled (Ramezani & Abdollahi, 2023). Structured psychological interventions targeting anger regulation have been shown to improve self-regulation and reduce maladaptive anger responses (Navidi, 2021; Sadeghi, 2021). Cognitive-behavioral group interventions have also been effective in reducing aggression and helping individuals modify maladaptive responses to emotional triggers (Rahimi Ahmadabadi et al., 2023). The present findings extend this literature by suggesting that ACT may reduce anger rumination through a different but complementary pathway. Rather than directly disputing anger-related beliefs or attempting to suppress anger, ACT changes the individual's relationship with those internal experiences. This distinction may be especially important in obsessive-compulsive disorder, where attempts to control unwanted mental content can become rigid and self-reinforcing. By increasing willingness to experience unpleasant thoughts and emotions while reducing cognitive entanglement, ACT may help participants disengage from repetitive anger-focused cognition and respond more flexibly in conflict situations.

The specific characteristics of obsessive-compulsive disorder may further explain why ACT was effective in reducing anger rumination. Obsessive-compulsive symptoms often involve intrusive thoughts, excessive responsibility, intolerance of uncertainty, reassurance seeking, and repetitive attempts to neutralize discomfort. These processes can generalize beyond classical obsessive content and influence interpersonal situations, especially when disagreements or misunderstandings are interpreted as threatening or unresolved. Research has shown that reducing experiential avoidance and increasing tolerance of uncertainty are important in interventions for obsessive-compulsive difficulties (Pourmohammad Qouchani, 2021). In couples, compulsive patterns may also generate repeated conflict, frustration, resentment, and accommodation by the partner. If these experiences are followed by prolonged rumination, the emotional consequences of conflict may persist well beyond the original event. ACT may interrupt this cycle by helping individuals notice obsessive and anger-

related thoughts without compulsive engagement, tolerate uncertainty and emotional discomfort, and redirect behavior toward personally meaningful values. This explanation is also compatible with the broader notion that psychological adjustment depends not only on the presence of distress but on the individual's capacity to adapt cognitively, emotionally, and behaviorally to difficult internal and external conditions (Antonak et al., 2023). Thus, the reduction in anger rumination observed in the present study may reflect an increase in participants' ability to experience anger-related thoughts without allowing them to dominate subsequent behavior.

The second major finding was that Acceptance and Commitment-Based Training significantly improved marital satisfaction. This result is consistent with several previous studies that have reported beneficial effects of ACT-based interventions on marital satisfaction and related relational outcomes. Faraji and colleagues found that acceptance- and commitment-based training improved marital satisfaction among women with marital problems (Faraji et al., 2021). Eshaqabadi and colleagues reported that ACT reduced marital conflict and emotional divorce and improved self-differentiation among women experiencing marital distress (Eshaqabadi et al., 2024). Najibzadegan and colleagues also documented improvements in intimacy, marital forgiveness, and burnout following ACT among women affected by extramarital relationships (Najibzadegan et al., 2024). Similarly, Asghari Barmaei reported that an acceptance- and commitment-based educational intervention improved psychological flexibility and marital stability among couples (Asghari Barmaei, 2025). Studies comparing ACT with other couple-based approaches have likewise demonstrated improvements in marital intimacy, sexual satisfaction, and family functioning (Hosseini et al., 2022; Mousavi Shabestari et al., 2025). The current findings therefore align with a consistent pattern of evidence indicating that ACT can improve relational functioning by altering rigid interaction patterns and increasing flexible, value-consistent behavior.

One explanation for the improvement in marital satisfaction lies in the ACT emphasis on values clarification and committed action. Marital satisfaction depends not only on the reduction of conflict but also on the presence of behaviors that promote intimacy, responsiveness, trust, affection, and mutual support. ACT encourages individuals to identify the kind of partner they want to be and to translate personally meaningful values into concrete behavior, even when difficult emotions or thoughts are present. This is

highly relevant to couple relationships because adaptive relationship maintenance often requires individuals to act constructively despite temporary frustration, disappointment, or discomfort. Research has shown that self-regulation, maintenance behavior, and sacrifice are important predictors of relationship quality and stability (Low et al., 2022). Likewise, perceived responsiveness and reciprocal disclosure play central roles in the development of intimacy (Laurenceau et al., 2020). Positive expectations can also influence the perception of a partner's behavior in ways that strengthen relationship functioning (Joel et al., 2023). By helping participants shift attention from internal struggle to value-guided interaction, the intervention may have increased behaviors such as patience, openness, empathy, constructive communication, and emotional availability, all of which are likely to contribute to higher marital satisfaction.

The increase in marital satisfaction may also have been facilitated by reductions in cognitive fusion and experiential avoidance. In distressed relationships, partners often become fused with rigid interpretations such as “my partner never understands me,” “this behavior means I am not respected,” or “the situation must change before I can behave differently.” Such beliefs can narrow behavioral options and increase defensive responding. ACT encourages individuals to create psychological distance from these interpretations and to respond according to chosen values rather than automatic judgments. This process may reduce blame, criticism, withdrawal, and escalating conflict. In couples affected by obsessive-compulsive disorder, this is particularly important because obsessive concerns can become embedded in everyday marital interactions. Partners may argue about rituals, reassurance, cleanliness, checking, control, or avoidance, and both members of the couple may gradually respond in rigid, predictable ways. Through mindfulness, acceptance, and self-as-context exercises, participants may have become better able to observe internal reactions without immediately translating them into interpersonal behavior. The improvement in marital satisfaction found in this study is therefore consistent with the general ACT model and with evidence showing that ACT-oriented couple interventions can improve relational adaptation, intimacy, self-regulation, and couple maintenance (Barraca et al., 2024; Barraca et al., 2025; Hashemizadeh et al., 2025; Moradi Norouzi et al., 2025).

The results can also be interpreted in light of the interdependence between anger rumination and marital satisfaction. Anger rumination is not merely an individual

cognitive process; it can influence how one partner interprets and responds to the other. Repeated mental rehearsal of upsetting interactions can maintain resentment, increase sensitivity to perceived slights, and reduce willingness to engage in conciliatory or affectionate behavior. Meta-analytic findings have shown that anger rumination is associated with poorer interpersonal functioning and more problematic relationship processes (Border et al., 2022). Therefore, the reduction in anger rumination observed in the experimental group may itself have contributed to the improvement in marital satisfaction. When participants became less preoccupied with past conflicts, revenge-oriented thoughts, or repeated analysis of anger-provoking events, they may have been more able to attend to current interactions and respond constructively. This interpretation also fits with the ACT emphasis on present-moment awareness. By training participants to orient attention toward the current interaction rather than to remain cognitively entangled with past relational injuries, the intervention may have improved responsiveness and reduced the emotional carryover of prior conflicts.

The findings are also compatible with research demonstrating the broader relevance of ACT for psychological adjustment under conditions of persistent distress. Acceptance-based interventions have been used successfully in populations facing chronic health problems, anxiety, and other difficult life circumstances, suggesting that their effectiveness derives partly from changing the individual's relationship with distress rather than requiring the distress to disappear (Large et al., 2020; Lindsay, 2024). The systematic review by Arnold and colleagues further suggests that ACT-informed behavioral health interventions can be adapted across diverse contexts and delivered in flexible formats (Arnold et al., 2022). This transdiagnostic quality is important in the present study because couples with obsessive-compulsive disorder may experience a complex combination of obsessional symptoms, emotional reactivity, avoidance, relationship strain, and repetitive cognition. An intervention focused on psychological flexibility can address these overlapping processes without requiring a separate protocol for each individual symptom. The present results therefore support the view that ACT may be particularly useful when multiple difficulties are maintained by common processes such as experiential avoidance, fusion, and inflexible behavior.

5. Conclusion

The present findings align with recent studies indicating that ACT can improve multiple relational dimensions simultaneously. Moradi Norouzi and colleagues found that ACT improved marital burnout, self-regulation, and couple-maintenance strategies among married women with marital conflicts (Moradi Norouzi et al., 2025). Hashemizadeh and colleagues reported beneficial effects on family adaptability and mental well-being (Hashemizadeh et al., 2025), while Mousavi Shabestari and colleagues demonstrated improvements in sexual satisfaction in women experiencing marital conflict (Mousavi Shabestari et al., 2025). These studies suggest that ACT does not influence a single isolated relationship variable; rather, it may alter a broader network of cognitive, emotional, and behavioral processes that support relationship quality. The current improvement in marital satisfaction may therefore reflect a combination of reduced avoidance, increased acceptance of emotional discomfort, more flexible thinking, clearer relational values, and greater commitment to adaptive interpersonal behavior. This interpretation is also consistent with the broader literature on marital enrichment, which emphasizes emotional understanding, sacrifice, and relational skills as components of healthier couple functioning (Bekaan & Safarzadeh, 2023). In this sense, ACT may provide an integrative framework that complements traditional couple interventions by focusing on the function of behavior and the capacity to act in accordance with values despite difficult internal experiences.

The study has several limitations that should be considered when interpreting the findings. The sample size was relatively small and consisted of only 32 individuals from couples attending specialized counseling and psychotherapy centers in Tehran, which limits the generalizability of the findings to broader populations of couples with obsessive-compulsive disorder. Convenience sampling may also have introduced selection bias because individuals who voluntarily sought psychological services may differ from couples who do not seek treatment. In addition, the study used a quasi-experimental pretest-posttest design with no long-term follow-up, making it impossible to determine whether the observed improvements in anger rumination and marital satisfaction were maintained over time. The outcomes were assessed primarily through self-report measures, which may be influenced by social desirability, response bias, and participants' expectations regarding treatment. Another

limitation is that the couple was treated primarily as a collection of individual participants rather than as a fully nested dyadic unit, and the statistical analyses did not explicitly model interdependence between partners. Finally, the study did not examine potential mediators such as psychological flexibility, experiential avoidance, cognitive fusion, or emotion regulation, and therefore the mechanisms through which the intervention produced change cannot be established directly.

Future research should replicate the present study with larger and more diverse samples drawn from different cities, cultural contexts, and clinical settings. Randomized controlled trials with stronger allocation procedures and active comparison groups would provide more rigorous evidence regarding the specific effectiveness of Acceptance and Commitment-Based Training. Longitudinal follow-up assessments at several intervals after treatment would also help determine the durability of improvements in anger rumination and marital satisfaction. Future studies should consider dyadic statistical methods that account for the interdependence of partners and make it possible to examine actor and partner effects. It would also be useful to investigate whether changes in psychological flexibility, experiential avoidance, cognitive defusion, mindfulness, or emotion regulation mediate the effects of ACT on relational outcomes. Additional research could compare ACT with cognitive-behavioral couple therapy, emotion-focused couple therapy, or standard psychoeducation to identify which intervention components are most effective for couples affected by obsessive-compulsive disorder. Examining symptom severity, duration of marriage, gender, treatment adherence, and partner accommodation as potential moderators may further clarify for whom and under what conditions the intervention is most effective.

From a practical perspective, the findings suggest that Acceptance and Commitment-Based Training may be a useful adjunct to psychological and couple-based services for individuals with obsessive-compulsive disorder and their partners. Counselors and psychotherapists may consider incorporating acceptance, mindfulness, cognitive defusion, values clarification, and committed-action exercises into treatment plans when repetitive anger-related thinking and marital dissatisfaction are prominent. Couple-focused interventions should address not only obsessive-compulsive symptoms but also the interpersonal patterns through which those symptoms affect communication, emotional closeness, conflict management, and mutual support. Practitioners may benefit from helping couples

identify rigid avoidance patterns, reduce unproductive engagement with repetitive thoughts, and translate shared relationship values into concrete daily behaviors. Structured homework, mindfulness practice, and value-consistent behavioral commitments may strengthen the transfer of therapeutic skills from sessions to everyday marital interactions. Integrating these methods into counseling centers, marital therapy programs, and psychoeducational services may provide a practical framework for improving both emotional regulation and relationship quality in couples coping with obsessive-compulsive difficulties.

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.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

References

- Antonak, R. F., Livens, H., & Antonak, C. (2023). A review of research on psychosocial adjustment to impairment in persons with traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 8, 87-100. <https://doi.org/10.1097/00001199-199312000-00009>
- Arnold, T., Haubrick, K. K., Klasko-Foster, L. B., Rogers, B. G., Barnett, A., Ramirez-Sanchez, N. A., & Gaudiano, B. A. (2022). Acceptance and Commitment Therapy informed behavioral health interventions delivered by non-mental health professionals: A systematic review. *Journal of Contextual Behavioral Science*, 24, 185-196. <https://doi.org/10.1016/j.jcbs.2022.05.005>
- Asghari Barmaei, S. (2025). The Effectiveness of an Acceptance and Commitment-Based Educational Intervention on Psychological Flexibility and Marital Stability in Couples in Arak. Ninth International Conference on Modern Approaches to Management, Psychology, and Humanities in the 21st Century, Tehran.
- Assaz, D. A., Tyndall, I., Oshiro, C. K., & Roche, B. (2023). A process-based analysis of cognitive defusion in acceptance and commitment therapy. *Behavior therapy*, 54(6), 1020-1035. <https://doi.org/10.1016/j.beth.2022.06.003>
- Barraca, J., Polanski, T., Duarte-Diaz, A., & Perestelo-Perez, L. (2024). Acceptance and commitment therapy for couples: A systematic review and meta-analysis. *Journal of Contextual Behavioral Science*, 100867. <https://doi.org/10.1016/j.jcbs.2024.100867>
- Barraca, J., Polanski, T., Duarte-Díaz, A., & Perestelo-Pérez, L. (2025). Acceptance and Commitment Therapy for Couples: A Systematic Review and Meta-Analysis. *Journal of Contextual Behavioral Science*. <https://doi.org/10.1016/j.jcbs.2024.100867>
- Bekaani, S., & Safarzadeh, S. (2023). Effectiveness of Emotion-Based Marital Life Enrichment Training during Pregnancy on Love, Sacrificial Behaviors, and Sexual Health Literacy among Young Couples. *Women and Family Cultural-Educational Journal*, 18(62), 121-141.
- Binandeh, E. S. (2021). *Comparing the Effectiveness of Acceptance and Commitment Therapy and Cognitive Behavioral Therapy on Dental Anxiety, Cognitive Emotion Regulation, and Oral Health-Related Quality of Life among People with Dental Anxiety* [Doctoral dissertation, Islamic Azad University, Khorramshahr-Persian Gulf International Branch].
- Border, R., Allen, J., & Vize, C. (2022). Anger rumination and interpersonal functioning: A meta-analytic review. *Journal of Social and Personal Relationships*, 39(7), 2150-2173.
- Bustan, R., Riyono, B., Amalia, R. M., & Amelia, Z. (2024). The Need for Islamic Counseling Services for Couples with Marital Problems. *Tazkiya Journal of Psychology*, 12(1), 27-38. <https://doi.org/10.15408/tazkiya.v12i1.31601>
- Eshaqabadi, F., Asayesh, M. H., & Qamari, M. (2024). Effectiveness of Acceptance and Commitment Therapy on Marital Conflicts, Emotional Divorce, and Self-Differentiation among Women with Marital Distress. *International Journal of Body, Mind and Culture*, 12(1), 267-273.
- Faraji, S., Agah Heris, M., & Sheibani, H. (2021). Effectiveness of Acceptance and Commitment-Based Training on Cognitive Avoidance and Marital Satisfaction among Women with Marital Problems. *Social Cognition*, 10(19), 119-134.
- Hashemizadeh, F. S., Atashpour, S. H., & Farhadi, H. (2025). Comparison of the Effectiveness of Paradox Therapy with Scheduling and Matrix of Acceptance and Commitment Therapy on Family Adaptability and Mental Well-being of Women with Couple Conflicts. *Journal of Cognitive Psychology and Psychiatry*, 11(6), 106-122. <https://doi.org/10.32598/shenakht.11.6.106>
- Hosseini, S., Tajik Esmaili, A., Sanaei Zaker, B., & Rasouli, M. (2022). Comparing the Effectiveness of Acceptance and Commitment Couple Therapy and Gottman Couple Therapy

- on Marital Intimacy among Couples with Marital Conflict. *Journal of Psychological Science*, 21(110), 287-304.
- Izadi, R., & Abedi, M. (2023). *Acceptance and commitment therapy (ACT)* (1st ed.). Jungle Publications.
- Joel, S., Maxwell, J. A., Khera, D., Peetz, J., Baucom, B. R., & MacDonald, G. (2023). Expect and you shall perceive: People who expect better in turn perceive better behaviors from their romantic partners. *Journal of personality and social psychology*, 124(6), 1230. <https://doi.org/10.1037/pspi0000411>
- Johnson, D., & Bennett, R. (2023). *Acceptance and Commitment Therapy: Responses to Frequently Asked Questions*. Taylor & Francis. <https://doi.org/10.4324/9781003364993>
- Large, R., Samuel, V., & Morris, R. (2020). A changed reality: Experience of an acceptance and commitment therapy (ACT) group after stroke. *Neuropsychological Rehabilitation*. <https://doi.org/10.1080/09602011.2019.1589531>
- Laurenceau, J. P., Barrett, L. F., & Pietromonaco, P. R. (2020). Intimacy as an interpersonal process: The importance of self-disclosure, partner disclosure, and perceived responsiveness. *Personal Relationships*, 27(2), 1-20.
- Lindsay, T. (2024). *ACT at the End: Acceptance and Commitment Therapy with People at the End of Life*. Taylor & Francis. <https://doi.org/10.4324/9781003431640>
- Low, R. S., Overall, N. C., & Hammond, M. D. (2022). Self-regulation, relationship maintenance, and sacrifice among couples. *Journal of Family Psychology*, 36(4), 503-514.
- Moradi Norouzi, A., Asadi, H., Alimoradi, M., Saedi, S., Pakseresht, P., & Mohammadi Moghaddam, P. (2025). The Effectiveness of Acceptance and Commitment Therapy on Marital Burnout, Marital Self-Regulation, and Couple Maintenance Strategies in Married Women with Marital Conflicts. *Iranian Evolutionary Educational Psychology Journal*, 7(3), 0-0.
- Mousavi Shabestari, Z., Sedaghat, M., & Tizdast, T. (2025). Comparing the Effectiveness of Acceptance and Commitment Therapy and Emotion-Focused Couple Therapy on Sexual Satisfaction in Women with Marital Conflict. *Rooyesh-e-Ravanshenasi Journal*, 14(12), 232-239.
- Najibzadegan, A., Bahrinian, S. A., & Shahabizadeh, F. (2024). Effectiveness of Acceptance and Commitment Therapy on Intimacy, Marital Forgiveness, and Burnout among Women Affected by Extramarital Relationships. *Applied Family Therapy*, 5(3), 11-26.
- Navidi, A. (2021). *The Effect of Anger Management Training on Anger Self-Regulation Skills, Adjustment, and General Health among Male Secondary School Students in Tehran* [Doctoral dissertation, Allameh Tabataba'i University]. Tehran.
- Pourmohammad Qouchani, K. (2021). Effectiveness of Cognitive Analytic Therapy on Improving Uncertainty Tolerance and Reducing Worry and Experiential Avoidance among Patients with Obsessive-Compulsive Disorder. *Clinical Psychology: Innovations in Research and Practice*, 13(4), 65-76. <https://doi.org/10.22075/jcp.2021.20257.1868>
- Rahimi Ahmadabadi, S., Aghamohammadian Sharbaf, H. R., Modarres Gharavi, M., & Karshki, H. (2023). Examining the Effectiveness of Cognitive Behavioral Group Therapy on Reducing Aggression among People with Head Injury. *Health Psychology*, 2(1), 22-33.
- Rajabi, M. S. (2023). *Effectiveness of Acceptance and Commitment Therapy on Emotion Regulation, Treatment Adherence, and Food Craving among Patients with Type 2 Diabetes* [Master's thesis in Family and Couple Therapy, Islamic Azad University, Khomeini Shahr Branch].
- Ramezani, V., & Abdollahi, M. H. (2023). Examining the Relationship between Emotional Intelligence and Anger Expression and Control among Students. *Journal of Psychology*(1), 66-83.
- Reeve, J. (2022). *Motivation and Emotion* (Y. Seyed Mohammadi, Trans.). Virayesh.
- Sadeghi, A. (2021). *Examining the Effectiveness of Group Anger Control Training Using a Rational-Emotive-Behavioral Approach on Reducing Aggression* [Master's thesis in counseling, University of Tehran].
- Sahragard, F. (2024). *Determining the Effectiveness of Acceptance and Commitment Therapy on Social Anxiety among Adolescent Girls without Parental Care in Sirjan* [Master's thesis in clinical psychology, Islamic Azad University, Sirjan Branch].