

The Effectiveness of Acceptance and Commitment-Based Intervention Training on Marital Satisfaction, Marital Communication, and Sexual Relationships in Individuals with Obsessive–Compulsive Disorder

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ABSTRACT

Individuals with Obsessive–Compulsive Disorder (OCD) experience greater psychological distress and more marital problems compared to non-obsessive individuals, and their marital lives undergo more substantial changes. The aim of this study was to examine the effectiveness of acceptance and commitment-based intervention training on marital satisfaction, marital communication, and sexual relationships among individuals with OCD who were clients of the Aram-e-Ravan Psychological Counseling Center in Mashhad. Method: This study employed a pretest–posttest design with a control group. The statistical population included all female patients diagnosed with OCD who referred to the Aram-e-Ravan Counseling Center in Mashhad. From this population, 30 participants were selected through purposive sampling and randomly assigned into two groups: an experimental group (n = 15) and a control group (n = 15). The experimental group received acceptance and commitment therapy (ACT) over 8 sessions, each lasting 60 minutes. Data were analyzed using multivariate analysis of covariance (MANCOVA). Results indicated that acceptance and commitment therapy significantly increased marital satisfaction, marital communication, and sexual relationships in individuals with OCD. Therefore, ACT can be considered an effective therapeutic approach for enhancing marital satisfaction, improving marital communication, and strengthening sexual relationships. Overall, acceptance and commitment therapy was effective in improving marital satisfaction, marital communication, and sexual relationships among individuals with OCD. Based on the findings of this study, it is recommended that psychologists and psychotherapists utilize this therapeutic approach as an effective intervention to reduce marital problems in patients with obsessive–compulsive disorder.

Key words: Acceptance and Commitment Therapy, Marital Communication, Obsessive–Compulsive Disorder

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Introduction

Obsessive–Compulsive Disorder (OCD) is a chronic and debilitating psychological condition characterized by intrusive thoughts and repetitive behaviors that significantly impair various domains of individual functioning, particularly interpersonal and marital relationships. Individuals with OCD often experience heightened levels of anxiety, cognitive rigidity, and emotional dysregulation, which contribute to persistent relational conflicts and reduced quality of life. The intrusive nature of obsessive thoughts and the compulsive need to neutralize perceived threats frequently disrupt daily routines and interpersonal interactions, leading to emotional distance and dissatisfaction within intimate relationships. Recent evidence has highlighted that individuals with OCD not only suffer from internal psychological distress but also demonstrate deficits in communication patterns, empathy, and emotional responsiveness, all of which are critical components of healthy marital functioning (1, 2). These impairments are particularly salient in marital contexts, where the chronic nature of OCD symptoms often results in increased conflict, decreased intimacy, and compromised sexual relationships.

Marital satisfaction and communication are among the most important indicators of relational health and psychological well-being. Marital satisfaction reflects the subjective evaluation of one's relationship, encompassing emotional connection, mutual understanding, and fulfillment of personal and relational needs. In contrast, marital communication represents the behavioral processes through which couples exchange information, express emotions, and negotiate conflicts. Dysfunction in these domains has been consistently associated with psychological disorders, including OCD, where maladaptive cognitive and behavioral patterns interfere with effective interaction and emotional bonding. Studies have demonstrated that individuals with OCD exhibit reduced marital satisfaction and impaired communication due to excessive reassurance-seeking, avoidance behaviors, and heightened sensitivity to perceived threats (3, 4). These patterns often exacerbate relational strain and contribute to a cycle of dissatisfaction and emotional disengagement.

In addition to communication and satisfaction, sexual relationships constitute a fundamental aspect of marital functioning that is significantly affected by psychological disorders. Sexual satisfaction is closely linked to emotional intimacy, physical health, and overall relationship quality. In individuals with OCD, sexual functioning may be impaired due to intrusive thoughts, anxiety related to contamination or morality, and compulsive rituals that interfere with intimacy. Research has shown that OCD symptoms can lead to avoidance of sexual activity, decreased desire, and reduced satisfaction, thereby further deteriorating marital quality (5, 6). The interplay between obsessive thoughts and sexual functioning highlights the need for therapeutic interventions that address both cognitive and emotional aspects of the disorder while simultaneously enhancing relational dynamics.

Acceptance and Commitment Therapy (ACT), a third-wave behavioral therapy grounded in contextual behavioral science, has emerged as a promising intervention for addressing complex psychological and relational problems. ACT focuses on increasing psychological flexibility, defined as the ability to remain in contact with the present moment while pursuing value-driven actions despite the presence of distressing thoughts and emotions. This therapeutic approach emphasizes acceptance of internal experiences, cognitive defusion, mindfulness, and commitment to meaningful behavioral change. Unlike traditional cognitive-behavioral approaches that aim to modify the content of thoughts, ACT seeks to alter the individual's

relationship with their thoughts, thereby reducing their impact on behavior and emotional functioning (1, 7). This distinction is particularly relevant for individuals with OCD, where attempts to control or suppress intrusive thoughts often exacerbate symptoms.

A growing body of empirical research supports the effectiveness of ACT in improving both individual psychological outcomes and relational functioning. Studies have demonstrated that ACT-based interventions can enhance emotional regulation, reduce experiential avoidance, and improve interpersonal relationships in various populations. For instance, ACT has been shown to significantly improve empathy and interpersonal functioning in individuals with OCD, suggesting its potential to address relational deficits associated with the disorder (2). Similarly, ACT-based interventions have been associated with improvements in marital satisfaction, communication patterns, and emotional intimacy among couples experiencing relational distress (4, 8). These findings indicate that ACT not only alleviates psychological symptoms but also facilitates healthier relational dynamics.

In the context of marital relationships, ACT-based couple therapy has been increasingly utilized to address issues such as marital conflict, infidelity, and emotional disconnection. By promoting acceptance, mindfulness, and value-based action, ACT enables couples to develop more adaptive communication patterns and enhance emotional intimacy. Research has demonstrated that ACT-based couple therapy can significantly improve marital quality of life, emotional regulation, and resilience among distressed couples (3, 9). Furthermore, ACT interventions have been shown to reduce marital burnout and increase forgiveness and intimacy, highlighting their potential to restore and strengthen relational bonds (10, 11). These outcomes are particularly relevant for individuals with OCD, where relational strain is often exacerbated by rigid cognitive and behavioral patterns.

Another important dimension of ACT is its effectiveness in addressing sexual relationships within the context of psychological and relational challenges. Studies have indicated that ACT-based interventions can improve sexual satisfaction and dyadic adjustment by enhancing body awareness, reducing performance anxiety, and fostering emotional connection between partners (5, 12). In couples affected by infertility or chronic illness, ACT has been found to increase sexual satisfaction and intimacy by promoting acceptance of difficult emotions and aligning behaviors with personal values (6). These findings underscore the versatility of ACT in addressing multiple dimensions of relational functioning, including sexual relationships, which are often overlooked in traditional therapeutic approaches.

In addition to its application in couple therapy, ACT has been compared with other therapeutic approaches to evaluate its relative effectiveness. Comparative studies have shown that ACT is as effective as, and in some cases superior to, cognitive-behavioral therapy (CBT) in improving psychological flexibility, resilience, and distress tolerance among individuals with OCD (13). Similarly, ACT has demonstrated greater effectiveness in enhancing family adaptability and emotional self-regulation compared to other therapeutic modalities, indicating its broader applicability in relational contexts (14, 15). These findings highlight the potential of ACT as a comprehensive intervention that addresses both individual and relational aspects of psychological disorders.

Moreover, ACT has been successfully applied in diverse populations, including women experiencing marital conflict, individuals seeking divorce, and patients with chronic psychological conditions. Research has shown that ACT can improve self-compassion, quality of life, and marital commitment among women

facing relational challenges, suggesting its utility in promoting long-term relational stability (16). Additionally, ACT-based interventions have been found to reduce pessimistic marital expectations and self-criticism, further contributing to improved relational outcomes (17). These effects are particularly important in the context of OCD, where negative cognitive patterns and emotional distress often undermine relationship satisfaction.

Despite the growing evidence supporting the effectiveness of ACT in improving relational and psychological outcomes, there remains a need for further research examining its impact on specific populations, particularly individuals with OCD. While existing studies have demonstrated the benefits of ACT in reducing OCD symptoms and improving interpersonal functioning, limited research has focused on its effects on marital satisfaction, communication, and sexual relationships in this population. Given the complex interplay between OCD symptoms and relational dynamics, it is essential to explore interventions that address both domains simultaneously. Furthermore, cultural and contextual factors may influence the effectiveness of therapeutic interventions, necessitating research in diverse settings to enhance generalizability (18, 19).

In light of these considerations, the present study seeks to contribute to the existing literature by examining the effectiveness of acceptance and commitment-based intervention training on marital satisfaction, marital communication, and sexual relationships among individuals with OCD. By integrating principles of psychological flexibility, mindfulness, and value-based action, this intervention aims to address the cognitive, emotional, and behavioral factors underlying relational dysfunction in this population. The findings of this study are expected to provide valuable insights into the application of ACT in clinical settings and inform the development of effective interventions for individuals experiencing both psychological and relational challenges. Therefore, the aim of this study was to investigate the effectiveness of acceptance and commitment-based intervention training on marital satisfaction, marital communication, and sexual relationships in individuals with Obsessive–Compulsive Disorder.

Methods and Materials

Study Design and Participants

This study employed a pretest–posttest design with a control group. The statistical population of this study consisted of all women aged 25 to 35 years diagnosed with Obsessive–Compulsive Disorder (OCD) who had referred to the Aram-e-Ravan Psychological Counseling Center in Mashhad in 2025. The sample size was estimated at 30 individuals using convenience sampling. From this group, 30 participants were purposively selected and randomly assigned in equal numbers to an experimental group and a control group. After obtaining the necessary approvals, informed consent was obtained from all participants, and they were assured that the research data would remain completely confidential, accessible only to the researchers, and used solely for research purposes.

Inclusion criteria included meeting the diagnostic criteria for OCD based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), as diagnosed by the center's clinical psychologist and confirmed through administration of the Yale–Brown Obsessive Compulsive Scale (Y-BOCS) by a psychometrician, being female, aged between 25 and 35 years, and having at least two years of marital

duration. Exclusion criteria included the presence of depressive disorder, borderline personality disorder, or bipolar disorder, as well as concurrent use of pharmacotherapy during the course of psychotherapy.

Data Collection

ENRICH Marital Satisfaction Questionnaire: In this study, marital satisfaction, marital communication, and sexual relationships were assessed using the 47-item short form of the ENRICH Marital Satisfaction Questionnaire. The original version of the ENRICH questionnaire consisted of 125 items across 14 subscales. A revised version with 115 items and 12 subscales was developed in 1989 by Olson, Fournier, and Druckman. The 47-item short form used in this study is scored on a 5-point Likert scale ranging from “strongly agree” (5) to “strongly disagree” (1). The total score is obtained by summing responses to all items, with higher scores indicating greater marital satisfaction. The 47-item short form was adapted in Iran in 1994 and is widely used in Iranian research. The validity and reliability of this instrument, both internally and externally, have been confirmed by specialized research teams based on established national and international sources.

Yale–Brown Obsessive Compulsive Scale (Y-BOCS): The Y-BOCS consists of 10 items assessing time spent, severity, distress, resistance, and control over obsessive thoughts and compulsive behaviors. It includes two main subscales: (1) Obsessions, comprising aggressive obsessions, contamination obsessions, sexual obsessions, hoarding obsessions, religious obsessions, symmetry and ordering obsessions, miscellaneous obsessions, and somatic obsessions; and (2) Compulsions, including washing and cleaning, checking, repeating rituals, counting behaviors, ordering and arranging, hoarding, and miscellaneous compulsive behaviors. The Persian version of this scale was validated in 2011 and has been shown to be appropriate for assessing the content and severity of OCD. The scale is scored on a Likert scale ranging from 0 to 4, where 0 indicates no symptoms and 4 indicates extreme severity. The total score ranges from 0 to 40, with higher scores reflecting greater severity of OCD. The instrument is self-report in nature and is therefore partially based on the individual’s subjective judgment.

Intervention

Following the administration of the pretest and the random assignment of participants into experimental and control groups, individuals in the experimental group received individual Acceptance and Commitment Therapy (ACT) across eight sessions, each lasting 60 minutes and conducted at intervals of 7 to 10 days, while the control group received no intervention and was placed on a waiting list. The intervention protocol was structured progressively, beginning with an introduction to the nature of emotions, thoughts, and behaviors, followed by exploration of the functional role of emotions and the habitual tendency toward experiential avoidance, with an emphasis on replacing avoidance with acceptance and preparing participants for mindfulness practices. Subsequent sessions focused on modifying the participants’ relationship with their internal experiences through mindfulness exercises and cognitive defusion techniques, further expanding these skills by fostering awareness of emotions and distinguishing between clean and dirty pain. The protocol then addressed the identification and clarification of personal values, differentiating values from goals and developing practical strategies to align behavior with these values. Continued emphasis was placed on mindfulness and cognitive defusion, along with the concept of self-as-context and its relationship

to psychological difficulties, facilitating self-expression and recognition of action processes. Later sessions incorporated mindfulness in daily activities such as walking, identification of value-driven behavioral goals, and recognition of internal and external barriers to achieving these goals. The final session emphasized relapse prevention by helping participants become their own therapists, differentiating between lapse and relapse, normalizing a degree of negative emotional experience, highlighting the gradual nature of progress, and reinforcing commitment to value-based behavioral goals.

Data Analysis

Data were analyzed using multivariate analysis of covariance (MANCOVA) in SPSS version 27.

Findings and Results

The data obtained from the two groups were analyzed using both descriptive and inferential statistical methods. The assumptions of normality were assessed using the Shapiro–Wilk test and homogeneity of variances using Levene’s test, along with their corresponding significance levels. Table 1 presents the descriptive statistics of the dependent variables for both experimental and control groups at pretest and posttest stages, along with the results of normality tests.

Table 1. Descriptive Statistics of Research Variables in Experimental and Control Groups at Pretest and Posttest with Normality Assumptions

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Shapiro–Wilk	Sig.	Levene’s Test	Sig.
Marital Communication	Experimental	8.73	2.60	14.40	1.80	0.97	0.851	2.28	0.142
	Control	8.93	2.15	8.90	1.57				
Marital Satisfaction	Experimental	18.46	2.64	29.60	3.24	0.98	0.987	10.61	0.030
	Control	19.66	3.82	19.93	3.28				
Sexual Relationships	Experimental	8.26	1.83	15.40	1.40	0.89	0.071	0.155	0.697
	Control	7.93	1.62	8.40	1.54				

The findings indicate that the mean values of the control group in all three variables—marital communication, marital satisfaction, and sexual relationships—showed minimal change from pretest to posttest. Additionally, the pretest values of these variables were similar between the experimental and control groups. However, in the experimental group, there were notable differences between pretest and posttest scores. Furthermore, posttest scores in the experimental group were higher than those in the control group across all three variables.

Given that the study utilized a pretest–posttest design with a control group, multivariate analysis of covariance (MANCOVA) was conducted. One of the key assumptions for this analysis is the normal distribution of data. The Shapiro–Wilk test results indicated that comparisons of pretest and posttest values for all variables in both groups were not statistically significant at a significance level below 0.01, suggesting normality of data distribution ($p > 0.01$). The assumption of homogeneity of variances was assessed using Levene’s test, which indicated no significant differences in variances across groups ($p > 0.05$), confirming this assumption. Additionally, the homogeneity of covariance matrices was evaluated using Box’s M test, and results showed that this assumption was also met at a significance level below 0.05 ($p > 0.05$).

Given that all major assumptions were satisfied, the results of the covariance analysis indicated that there were statistically significant differences between the experimental and control groups in all three variables—marital communication, marital satisfaction, and sexual relationships—at a significance level of $p < 0.05$. Based on descriptive statistics, it can be concluded that the experimental group demonstrated a significant increase in all three variables following the intervention compared to the control group.

Table 2. Univariate Analysis of Covariance for Group Differences in Research Variables

Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
Marital Communication	223.50	1	223.50	128.92	0.001
Marital Satisfaction	748.03	1	748.03	148.17	0.001
Sexual Relationships	320.43	1	320.43	218.73	0.001

Discussion and Conclusion

The findings of the present study demonstrated that acceptance and commitment-based intervention training significantly improved marital satisfaction, marital communication, and sexual relationships among women with Obsessive–Compulsive Disorder (OCD) compared to the control group. Specifically, the results indicated that while the control group showed minimal changes from pretest to posttest across all three variables, the experimental group exhibited substantial increases in posttest scores, suggesting that the intervention had a meaningful and statistically significant effect. These results are consistent with the theoretical foundations of Acceptance and Commitment Therapy (ACT), which emphasize enhancing psychological flexibility, reducing experiential avoidance, and promoting value-driven behaviors. Given that OCD is characterized by rigid cognitive patterns and maladaptive avoidance strategies, the observed improvements can be interpreted as a direct outcome of increased acceptance of internal experiences and reduced fusion with obsessive thoughts, ultimately facilitating more adaptive interpersonal functioning.

The improvement in marital communication observed in this study can be explained through the mechanisms of mindfulness and cognitive defusion emphasized in ACT. By learning to observe thoughts and emotions without judgment and reducing their automatic influence on behavior, participants likely developed greater emotional awareness and responsiveness during interpersonal interactions. This aligns with prior research indicating that ACT-based interventions enhance interpersonal relationships and empathy in individuals with OCD (2). Furthermore, improved communication patterns have been reported in couples undergoing ACT-based interventions, where individuals learn to respond to relational challenges with openness and flexibility rather than avoidance or reactivity (4). The current findings support these conclusions, suggesting that ACT facilitates healthier communication by modifying the individual's relationship with internal experiences rather than attempting to eliminate them.

Similarly, the significant increase in marital satisfaction among participants in the experimental group can be attributed to the value-based component of ACT. By identifying and committing to personal and relational values, individuals are encouraged to engage in behaviors that enhance relationship quality despite the presence of distressing thoughts or emotions. This process likely contributed to a greater sense of fulfillment and satisfaction within the marital relationship. Previous studies have consistently demonstrated that ACT interventions improve marital satisfaction and relational quality across various populations (8, 19). In particular, ACT-based couple therapy has been shown to enhance emotional regulation and marital quality of life in distressed couples, further supporting the role of psychological

flexibility in promoting relational well-being (3). The present findings extend this evidence to women with OCD, highlighting the applicability of ACT in populations with complex psychological conditions.

The observed improvement in sexual relationships is another important outcome of this study, as sexual functioning is often adversely affected in individuals with OCD due to intrusive thoughts, anxiety, and avoidance behaviors. ACT's emphasis on acceptance and present-moment awareness may have reduced performance anxiety and facilitated greater emotional and physical intimacy between partners. By decreasing the impact of obsessive thoughts related to contamination, morality, or control, participants may have been better able to engage in satisfying sexual experiences. This finding is consistent with previous research demonstrating that ACT-based interventions improve sexual satisfaction and dyadic adjustment in various populations (5, 12). Additionally, studies on infertile couples have shown that ACT enhances sexual satisfaction and intimacy by promoting acceptance and reducing experiential avoidance (6). The current study corroborates these findings, suggesting that ACT can effectively address sexual relationship difficulties associated with OCD.

The overall effectiveness of ACT observed in this study can also be understood in light of its broader impact on emotional regulation and cognitive flexibility. Individuals with OCD often struggle with rigid thinking patterns and difficulty tolerating uncertainty, which can exacerbate relational conflicts. ACT's focus on cognitive defusion and acceptance enables individuals to disengage from maladaptive thought patterns and respond more adaptively to relational stressors. This is consistent with findings indicating that ACT enhances resilience, cognitive flexibility, and distress tolerance in individuals with OCD (13). Moreover, comparative studies have shown that ACT is effective in improving family adaptability and emotional self-regulation, further supporting its role in enhancing relational functioning (14, 15). These mechanisms likely contributed to the observed improvements across all three variables in the present study.

Another important consideration is the role of acceptance in reducing experiential avoidance, which is a core feature of OCD and a significant contributor to relational difficulties. By encouraging individuals to accept rather than avoid distressing thoughts and emotions, ACT reduces the need for compulsive behaviors and avoidance strategies that often interfere with interpersonal interactions. This shift in perspective allows individuals to engage more fully in their relationships and respond to their partners with greater openness and authenticity. Research has shown that acceptance-based interventions improve emotional regulation and reduce maladaptive coping strategies, leading to better relational outcomes (18). The present findings align with this evidence, suggesting that the reduction of experiential avoidance played a key role in enhancing marital communication, satisfaction, and sexual relationships.

Furthermore, the findings of this study are consistent with research demonstrating the effectiveness of ACT in improving various dimensions of marital functioning, including intimacy, forgiveness, and resilience. For instance, ACT has been shown to increase marital forgiveness and reduce burnout in women affected by relational stressors, indicating its potential to restore and strengthen relational bonds (10, 11). Similarly, studies have reported improvements in marital intimacy and emotional connection following ACT-based interventions, highlighting the importance of psychological flexibility in fostering close relationships (20, 21). These findings provide further support for the effectiveness of ACT in addressing the complex interplay between psychological distress and relational functioning in individuals with OCD.

In addition, the results of this study contribute to the growing body of literature supporting the use of ACT in diverse clinical populations. The effectiveness of ACT in improving self-compassion, quality of life, and marital commitment among women experiencing relational difficulties suggests that its benefits extend beyond symptom reduction to encompass broader aspects of psychological and relational well-being (16). Moreover, ACT has been shown to reduce self-criticism and pessimistic expectations, which are common in individuals with OCD and can negatively impact relationships (17). By addressing these underlying cognitive and emotional processes, ACT provides a comprehensive approach to improving both individual and relational outcomes.

Overall, the findings of the present study support the effectiveness of acceptance and commitment-based intervention training in improving marital satisfaction, marital communication, and sexual relationships among women with OCD. The results are consistent with existing research and theoretical frameworks, highlighting the role of psychological flexibility, acceptance, and value-based action in enhancing relational functioning. These findings underscore the importance of integrating ACT into clinical practice for individuals with OCD, particularly those experiencing relational difficulties.

One limitation of the present study is the relatively small sample size, which may limit the generalizability of the findings to broader populations. Additionally, the use of a specific demographic group, namely women aged 25 to 35 years, restricts the applicability of the results to other age groups and male populations. Another limitation is the reliance on self-report measures, which may be influenced by social desirability and subjective bias. Furthermore, the absence of a long-term follow-up prevents the assessment of the دوام of treatment effects over time. The study also did not control for potential confounding variables such as socioeconomic status, duration of OCD, or severity of symptoms, which may have influenced the outcomes.

Future research should consider using larger and more diverse samples to enhance the generalizability of findings. Longitudinal designs with follow-up assessments are recommended to evaluate the long-term effectiveness and stability of ACT interventions. Additionally, future studies could explore the comparative effectiveness of ACT with other therapeutic approaches in different populations and settings. Investigating the role of mediating variables such as psychological flexibility, emotional regulation, and mindfulness could provide deeper insights into the mechanisms underlying treatment outcomes. Furthermore, incorporating qualitative methods may offer a more comprehensive understanding of participants' experiences and the impact of the intervention on their daily lives.

In terms of practical implications, the findings of this study suggest that acceptance and commitment-based interventions can be effectively integrated into counseling and psychotherapy programs for individuals with OCD experiencing marital difficulties. Clinicians are encouraged to incorporate ACT techniques such as mindfulness, cognitive defusion, and value clarification into their therapeutic practices to enhance relational outcomes. Mental health professionals working in counseling centers and clinical settings can utilize this approach to address both psychological symptoms and interpersonal challenges simultaneously. Additionally, training programs and workshops for therapists could emphasize the application of ACT in couple therapy contexts to improve treatment effectiveness and client outcomes.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

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

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