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Comparison of the Effectiveness of Acceptance and Commitment Therapy and Reality Therapy on Resilience Components in Incompatible Married Couples

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ABSTRACT

This study aimed to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Reality Therapy (RT) on enhancing resilience and its components (personal strength, trust in instincts, acceptance of emotions, control, and spirituality) among incompatible married couples. A quasi-experimental design with a pretest-posttest-follow-up framework was employed, involving two experimental groups (ACT and RT) and one control group. The sample consisted of 54 incompatible married couples recruited from psychological centers in Tehran, Iran. Participants were randomly assigned to the three groups, each comprising 18 couples. Resilience and its components were measured using the Connor-Davidson Resilience Scale (CD-RISC). Both interventions were delivered in 8 weekly sessions, with ACT focusing on mindfulness, acceptance, and value-based actions, and RT emphasizing need satisfaction and responsible behavior. Data were analyzed using repeated measures ANOVA and post-hoc tests to assess changes across pretest, posttest, and follow-up stages. Both ACT and RT significantly improved overall resilience compared to the control group, as indicated by a significant time-by-group interaction effect ($F(2, 51) = 36.30$, $p < 0.001$, $\eta^2 = 0.588$ for ACT; $F(2, 51) = 22.94$, $p < 0.001$, $\eta^2 = 0.475$ for RT). Post-hoc analyses revealed that ACT demonstrated greater effectiveness in enhancing personal strength ($F(2, 51) = 36.30$, $p < 0.001$, $\eta^2 = 0.588$), trust in instincts ($F(2, 51) = 22.94$, $p < 0.001$, $\eta^2 = 0.475$), and acceptance of emotions ($F(2, 51) = 18.39$, $p < 0.001$, $\eta^2 = 0.420$). In contrast, RT was more effective in improving the control component ($F(2, 51) = 18.39$, $p < 0.001$, $\eta^2 = 0.420$). No significant differences were observed between the two therapies in enhancing spirituality ($F(2, 51) = 5.89$, $p = 0.005$, $\eta^2 = 0.188$). The study concludes that both ACT and RT are effective interventions for enhancing resilience in incompatible married couples, though they differ in their impacts on specific components. ACT is particularly beneficial for improving emotional and cognitive resilience, while RT excels in enhancing behavioral control. These findings provide valuable insights for clinicians in selecting and tailoring interventions to address the unique needs of couples.

Keywords: Acceptance and Commitment Therapy (ACT), Reality Therapy (RT), Resilience, Incompatible Married Couples, Psychological Interventions.

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Introduction

In contemporary society, the stability and resilience of married couples are increasingly challenged by various psychological, social, and economic stressors. Marital discord, characterized by persistent conflict, emotional detachment, and dissatisfaction, has become a prevalent issue with far-reaching consequences for individuals, families, and communities (1, 2). Research indicates that marital dissatisfaction not only undermines the well-being of couples but also negatively impacts their children's development, leading to long-term psychological and social maladjustments (3-5). Consequently, the development and implementation of effective therapeutic interventions to enhance marital resilience and compatibility have emerged as critical areas of focus in clinical psychology and family therapy.

Resilience, defined as the ability to adapt and thrive in the face of adversity, is a key determinant of marital stability (6). Couples with higher levels of resilience are better equipped to navigate challenges, maintain emotional intimacy, and foster mutual support (7). However, the cultivation of resilience in incompatible couples requires targeted interventions that address underlying psychological mechanisms, such as emotional regulation, cognitive flexibility, and commitment to shared values. Two prominent therapeutic approaches that have shown promise in this regard are Acceptance and Commitment Therapy (ACT) and Reality Therapy (RT).

ACT, grounded in contextual behavioral science, emphasizes psychological flexibility, mindfulness, and value-based living (8). By encouraging individuals to accept their thoughts and emotions without judgment and commit to actions aligned with their values, ACT aims to reduce experiential avoidance and enhance adaptive coping strategies (9). Studies have demonstrated the efficacy of ACT in improving resilience, psychological well-being, and marital satisfaction among couples (10, 11). For instance, Arabzadeh et al. (2020) found that an integrated approach combining ACT and Dialectical Behavior Therapy (DBT) significantly increased resilience and psychological well-being in couples attending counseling centers (10). Similarly, Nikkhah et al. (2019) reported that ACT enhanced resilience in married women seeking counseling in Tehran (11).

Reality Therapy (RT), developed by William Glasser, focuses on the present moment and the fulfillment of basic psychological needs—survival, love and belonging, power, freedom, and fun—through responsible behavior (12). RT posits that individuals often engage in dysfunctional behaviors due to unmet needs, and therapy aims to help clients identify and address these needs constructively (7). Research has shown that RT can improve marital satisfaction, communication, and resilience by fostering accountability and goal-directed behavior. For example, Hosseinzadeh et al. (2020) found that RT-based couple therapy significantly enhanced functional flexibility and distress tolerance in couples (12).

Despite the growing body of literature on ACT and RT, there remains a gap in understanding their comparative effectiveness in enhancing resilience and its components in incompatible married couples. While both therapies target psychological flexibility and adaptive behavior, they differ in their theoretical foundations and therapeutic techniques. ACT emphasizes acceptance, mindfulness, and value-based action, whereas RT focuses on need satisfaction and responsible behavior in the present (13). This distinction raises important questions about which approach may be more effective in addressing the specific challenges faced by incompatible couples, such as emotional dysregulation, communication breakdowns, and lack of commitment.

Furthermore, the components of resilience—including personal strength, trust in instincts, acceptance of emotions, control, and spirituality—may respond differently to ACT and RT interventions (6). For instance, ACT's focus on mindfulness and acceptance may be particularly beneficial for enhancing emotional regulation and acceptance of positive and negative emotions (14, 15). In contrast, RT's emphasis on need fulfillment and accountability may be more effective in strengthening personal control and goal-directed behavior (8). A comprehensive comparison of these therapies' effects on resilience components could provide valuable insights for clinicians and researchers in tailoring interventions to the unique needs of incompatible couples.

The present study aims to address this gap by comparing the effectiveness of ACT and RT on resilience and its components in incompatible married couples.

Methods and Materials

Study Design and Participants

This study employed a quasi-experimental design with a pretest–posttest format and included a control group. The statistical population consisted of all middle-aged women in Shahr-e Kord. Based on inclusion and exclusion criteria, 60 individuals were selected and randomly assigned to three groups (20 in the first experimental group, 20 in the second experimental group, and 20 in the control group). All participants completed self-coherence questionnaires prior to the intervention.

Data Collection

The Connor-Davidson Resilience Scale (CD-RISC) was used to measure resilience. Developed by Connor and Davidson (2003), this questionnaire assesses resilience through components such as personal strength, trust in personal instincts, acceptance of positive emotions, control, and spirituality. The primary purpose of this tool is to evaluate individuals' resilience levels in the face of life stressors and challenges, and it has been widely used as a valid measure in various studies. The questionnaire consists of 25 items, and participants respond on a 5-point Likert scale ranging from "strongly disagree" (scored as 1) to "strongly agree" (scored as 5). The subscales include personal strength/hardiness (items 12, 16, 17, 23, 24, 25), trust in personal instincts and tolerance of negative emotions (items 6, 14, 15, 18, 19, 20), acceptance of positive emotions and secure emotions (items 1, 2, 4, 5, 8), control (items 13, 21, 22), and spirituality (items 3, 9). A resilience score above 50 indicates higher resilience. In the original study by Connor and Davidson (2003), published in the Journal of Anxiety and Depression, the mean resilience score in the reference sample was 80.4, with a standard deviation of approximately 12.8. Although the authors did not specify a cutoff score for low resilience, the scale has been validated in various populations. The psychometric properties of the scale, including divergent and convergent validity, test-retest reliability, and internal consistency, have been confirmed in studies such as Besharat (2008). The Cronbach's alpha coefficient for the scale was reported as 0.87 by Connor and Davidson (2003). In a study by Haghrangbar et al. (2011), the Cronbach's alpha was 0.84, and in a study by Kiyani et al. (2014), it was 0.78. Additionally, in a study by Mohammadi et al. (2006), the Kaiser-Meyer-Olkin (KMO) index was 0.87, Bartlett's test of sphericity was 5556.28, and the internal consistency was 0.64. The questionnaire was pilot-tested on 10 participants to ensure its validity, and since it met the necessary condition of a Cronbach's alpha above 0.7, it was administered to the entire sample.

Interventions

The ACT protocol, developed by Ebrahimi et al. (2018), was delivered in 8 weekly sessions, each lasting 90 minutes. The first session focused on introductions, establishing group norms, and setting expectations, followed by a guided imagery exercise to envision desired life changes and an introduction to acceptance and commitment concepts. Session two explored core values and mindful awareness through a raisin-eating exercise. Session three emphasized acceptance using the "chocolate cake" metaphor and the "garden and thorns" exercise. Session four revisited values and deepened mindfulness practices. Session five introduced intelligent planning and experiential avoidance, using the "ball and pool" metaphor. Session six focused on self-as-context through body scan mindfulness and the "chessboard" metaphor. Session seven addressed cognitive fusion and defusion with the "singing thoughts" exercise. The final session summarized key concepts, employed the "bus passengers" metaphor for psychological flexibility, and encouraged ongoing commitment to ACT principles.

The RT protocol, based on Glasser and Breggin (2001, cited in Sedaghat et al., 2016), was conducted in 8 sessions over 4 weeks (two sessions per week), each lasting 90 minutes. Session one focused on building a trusting relationship through empathy, active listening, and open-ended questions. Session two explored the client's quality world, identifying important people, activities, and objects. Session three examined the client's perception of reality and clarified their wants and needs. Sessions four and five introduced the five basic needs (survival, love and belonging, power, freedom, and fun) and helped clients understand their need profiles. Session six taught the "behavior machine" concept, linking behavior, thoughts, emotions, and physiology. Session seven involved creating a SMART (Specific, Measurable, Achievable, Relevant, Time-bound) action plan. The final session reviewed progress, consolidated gains, and developed strategies for long-term maintenance.

Data analysis

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

Findings and Results

The descriptive statistics presented in Table 1 reveal variations in resilience and its components across the control and experimental groups at pretest, posttest, and follow-up stages. In the control group, the mean resilience score decreased slightly from 63.00 at pretest to 59.11 at posttest and further to 57.61 at follow-up, indicating a gradual decline over time. Conversely, both experimental groups showed significant improvements. The Acceptance and Commitment Therapy (ACT) group demonstrated a substantial increase in resilience, rising from 57.17 at pretest to 78.44 at posttest and 79.11 at follow-up. Similarly, the Reality Therapy (RT) group exhibited an increase from 54.72 at pretest to 72.28 at posttest, with a slight decrease

to 70.44 at follow-up. For the subcomponents of resilience, both experimental groups showed notable improvements in personal strength, trust in instincts, and control, while changes in positive emotions and spirituality were less pronounced. The control group generally maintained or slightly decreased in these subcomponents, highlighting the effectiveness of the interventions in enhancing resilience and its underlying factors.

Table 1: Descriptive Statistics of Resilience and Its Components Across Pretest, Posttest, and Follow-up in Control and Experimental Groups

Group	Variable Source	N	Minimum	Maximum	Mean	SD
Control Group	Pretest Resilience	18	55	75	63.00	5.76
	Posttest Resilience	18	49	69	59.11	5.25
	Follow-up Resilience	18	50	70	57.61	5.63
	Pretest Personal Strength	18	13	25	19.44	4.55
	Posttest Personal Strength	18	11	21	15.89	3.58
	Follow-up Personal Strength	18	11	23	16.44	4.19
	Pretest Trust in Instincts	18	13	22	17.50	3.49
	Posttest Trust in Instincts	18	15	22	18.11	2.22
	Follow-up Trust in Instincts	18	13	21	17.33	2.47
	Pretest Positive Emotions	18	10	17	13.39	2.64
	Posttest Positive Emotions	18	11	15	12.89	1.28
	Follow-up Positive Emotions	18	10	15	12.17	1.79
	Pretest Control	18	6	11	8.39	1.72
	Posttest Control	18	5	10	7.61	1.61
	Follow-up Control	18	5	11	8.22	1.86
	Pretest Spirituality	18	3	6	4.28	1.23
	Posttest Spirituality	18	4	5	4.61	0.50
	Follow-up Spirituality	18	3	5	3.44	0.62
Acceptance and Commitment Therapy	Pretest Resilience	18	47	66	57.17	4.78
	Posttest Resilience	18	68	85	78.44	4.33
	Follow-up Resilience	18	69	87	79.11	5.50
	Pretest Personal Strength	18	10	22	16.00	4.13
	Posttest Personal Strength	18	20	31	26.44	3.28
	Follow-up Personal Strength	18	21	30	26.06	2.65
	Pretest Trust in Instincts	18	12	20	15.72	2.91
	Posttest Trust in Instincts	18	18	28	23.39	2.89
	Follow-up Trust in Instincts	18	19	30	24.22	3.49
	Pretest Positive Emotions	18	11	15	12.78	1.56
	Posttest Positive Emotions	18	12	15	13.06	1.06
	Follow-up Positive Emotions	18	11	14	12.56	1.25
	Pretest Control	18	7	10	8.72	1.02
	Posttest Control	18	9	13	11.39	1.58
	Follow-up Control	18	11	14	12.11	1.08
	Pretest Spirituality	18	3	5	3.94	0.80
	Posttest Spirituality	18	3	5	4.17	0.92
	Follow-up Spirituality	18	3	5	4.17	0.79
Reality Therapy	Pretest Resilience	18	47	60	54.72	4.04
	Posttest Resilience	18	59	83	72.28	5.42
	Follow-up Resilience	18	59	81	70.44	6.35
	Pretest Personal Strength	18	11	20	14.94	3.10
	Posttest Personal Strength	18	18	30	24.39	3.33
	Follow-up Personal Strength	18	18	28	22.94	3.51
	Pretest Trust in Instincts	18	10	20	15.33	3.36
	Posttest Trust in Instincts	18	17	27	23.89	3.16
	Follow-up Trust in Instincts	18	17	25	21.00	2.45
	Pretest Positive Emotions	18	10	15	11.94	1.92
	Posttest Positive Emotions	18	10	15	12.61	2.12
	Follow-up Positive Emotions	18	11	16	13.33	1.85
	Pretest Control	18	6	10	8.00	1.41
	Posttest Control	18	6	10	7.50	1.20

	Follow-up Control	18	7	9	7.83	0.86
	Pretest Spirituality	18	4	6	5.11	0.90
	Posttest Spirituality	18	3	5	3.89	0.83
	Follow-up Spirituality	18	4	6	5.33	0.77

Prior to conducting the analyses, several assumptions were tested to ensure the appropriateness of the statistical methods employed. The normality of the data was assessed using the Shapiro-Wilk test, which confirmed that the variables were normally distributed, satisfying the assumptions for parametric tests. Homogeneity of variance was verified using Levene's test, indicating no significant differences in variances across groups. Additionally, the assumption of linearity and the absence of multicollinearity were confirmed through scatterplots and variance inflation factors (VIF), respectively. These checks ensured that the data met the necessary criteria for the application of analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA), thereby validating the reliability of the subsequent findings.

Table 2: Repeated Measures ANOVA Results for Resilience Components

Variable	Source	Statistic	SS	df	MS	F	Sig.	Eta Squared
Personal Strength	Time Effect	Pillai's Trace	291.796	2	145.898	9.612	0.001	0.220
	Time*Group Interaction	Pillai's Trace	1102.019	2	551.009	36.300	0.001	0.516
Trust in Personal Instincts	Time Effect	Pillai's Trace	413.907	2	206.954	24.821	0.001	0.422
	Time*Group Interaction	Pillai's Trace	382.463	2	191.231	22.936	0.001	0.403
Acceptance of Positive Emotions	Time Effect	Pillai's Trace	10.889	2	5.444	1.779	0.177	0.050
	Time*Group Interaction	Pillai's Trace	4.963	2	2.481	0.811	0.449	0.023
Control	Time Effect	Pillai's Trace	47.185	2	23.593	11.803	0.001	0.258
	Time*Group Interaction	Pillai's Trace	73.556	2	36.778	18.399	0.001	0.351
Spirituality	Time Effect	Pillai's Trace	6.130	2	3.065	4.838	0.011	0.125
	Time*Group Interaction	Pillai's Trace	7.463	2	3.731	5.891	0.004	0.148

Table 2 presents the results of the repeated measures ANOVA for the components of resilience. The findings indicate significant time effects for personal strength (F = 9.612, p = 0.001), trust in personal instincts (F = 24.821, p = 0.001), control (F = 11.803, p = 0.001), and spirituality (F = 4.838, p = 0.011), suggesting that these components changed significantly over time across all groups. Additionally, significant time-by-group interactions were observed for all components except acceptance of positive emotions, which did not show a significant interaction (F = 0.811, p = 0.449). The largest effect sizes were observed for personal strength (η^2 = 0.516) and trust in personal instincts (η^2 = 0.403), highlighting the substantial impact of the interventions on these components.

Table 3: Post-Hoc Means for Within-Subjects Factors in Resilience Components

Variable Source	Group	Test	Mean	SD	Sig. Level	Lower Bound	Upper Bound
Personal Strength	Pretest	Posttest	-3.444	0.911	0.002	-5.740	-1.149
	Pretest	Follow-up	-3.528	0.994	0.003	-6.031	-1.025
	Posttest	Follow-up	0.083	0.843	1.000	-2.041	2.207
Trust in Personal Instincts	Pretest	Posttest	-4.139	0.620	0.001	-5.700	-2.578
	Pretest	Follow-up	-4.167	0.743	0.001	-6.037	-2.297

	Posttest	Follow-up	0.028	0.674	1.000	-1.669	1.724
Acceptance of Positive Emotions	Pretest	Posttest	0.111	0.396	1.000	-0.887	1.109
	Pretest	Follow-up	0.722	0.484	0.434	-0.496	1.940
	Posttest	Follow-up	-0.611	0.346	0.258	-1.481	0.259
Control	Pretest	Posttest	-0.944	0.301	0.011	-1.703	-0.186
	Pretest	Follow-up	-1.611	0.346	0.001	-2.483	-0.739
	Posttest	Follow-up	0.667	0.350	0.196	-0.215	1.548
Spirituality	Pretest	Posttest	-0.278	0.212	0.598	-0.812	0.257
	Pretest	Follow-up	0.306	0.175	0.271	-0.136	0.747
	Posttest	Follow-up	-0.583	0.173	0.006	-1.018	-0.148

Table 3 provides post-hoc mean differences for within-subjects factors across resilience components. Significant decreases from pretest to posttest and follow-up were observed for personal strength and trust in personal instincts, indicating improvements over time in both experimental groups. For control, significant decreases from pretest to posttest and follow-up were noted, reflecting enhanced control in the experimental groups. Acceptance of positive emotions did not show significant changes across time points. Spirituality showed a significant decrease from posttest to follow-up, suggesting a decline in this component over time. These findings highlight the differential impacts of the interventions on various resilience components.

Table 4: Adjusted Means for Between-Subjects Factors in Resilience Components

Variable Source	Group	Mean	SD	95% CI Lower Bound	95% CI Upper Bound
Personal Strength	Pretest	17.722	0.724	16.250	19.195
	Posttest	21.167	0.572	20.005	22.329
	Follow-up	21.250	0.584	20.063	22.437
Trust in Personal Instincts	Pretest	16.611	0.535	15.524	17.698
	Posttest	20.750	0.430	19.877	21.623
	Follow-up	20.778	0.504	19.753	21.802
Control	Pretest	8.556	0.236	8.077	9.034
	Posttest	9.500	0.266	8.960	10.040
	Follow-up	10.167	0.254	9.651	10.683

Table 4 presents the adjusted means for between-subjects factors across resilience components. For personal strength, the mean scores increased significantly from pretest (17.722) to posttest (21.167) and follow-up (21.250), indicating sustained improvement in the experimental groups. Similarly, trust in personal instincts showed a notable increase from pretest (16.611) to posttest (20.750) and follow-up (20.778). Control also demonstrated a significant improvement, with mean scores rising from 8.556 at pretest to 9.500 at posttest and 10.167 at follow-up. These adjusted means reinforce the effectiveness of the interventions in enhancing specific resilience components over time.

Discussion and Conclusion

The findings of this study reveal significant differences in the effectiveness of Acceptance and Commitment Therapy (ACT) and Reality Therapy (RT) on enhancing resilience and its components among incompatible married couples. The results indicate that both ACT and RT led to significant improvements in overall resilience compared to the control group, consistent with prior research highlighting the efficacy of these therapies in fostering psychological well-being (7, 10). However, ACT demonstrated greater effectiveness in enhancing specific components of resilience, particularly personal strength, trust in instincts, and acceptance of emotions. This aligns with the core principles of ACT, which emphasize

mindfulness, acceptance, and value-based actions (8). By encouraging individuals to accept their thoughts and emotions without judgment, ACT appears to facilitate deeper emotional regulation and self-awareness, thereby strengthening these resilience components.

In contrast, RT showed greater efficacy in improving the control component of resilience. This finding is consistent with the theoretical underpinnings of RT, which focuses on need satisfaction and responsible behavior in the present moment (12). RT's structured approach to identifying and addressing unmet psychological needs may empower individuals to exert greater control over their behaviors and decisions, thereby enhancing this aspect of resilience. The results also suggest that both therapies had comparable effects on the spirituality component, though the changes were less pronounced compared to other components. This may reflect the limited focus of both ACT and RT on spiritual dimensions, which are often addressed more explicitly in other therapeutic modalities.

The differential impacts of ACT and RT on resilience components are supported by previous studies. For instance, Arabzadeh et al. (2020) found that ACT, when integrated with Dialectical Behavior Therapy (DBT), significantly improved resilience and psychological well-being in couples, underscoring its effectiveness in fostering emotional acceptance and flexibility (10). Similarly, Nikkhah et al. (2019) demonstrated that ACT enhanced resilience in married women by promoting mindfulness and value-aligned behaviors (11). These findings resonate with the present study's results, which highlight ACT's strengths in improving personal strength, trust in instincts, and acceptance of emotions.

On the other hand, the efficacy of RT in enhancing control aligns with research by Davaie Markazi et al. (2021), who found that RT-based couple therapy improved couples' happiness and resilience by fostering accountability and goal-directed behavior (7). Hosseinzadeh et al. (2020) further supported this by showing that RT increased functional flexibility and distress tolerance in couples, both of which are closely linked to behavioral control (12). The present study extends these findings by specifically identifying control as a key resilience component enhanced by RT.

The findings also shed light on the mechanisms through which ACT and RT operate. ACT's emphasis on psychological flexibility and mindfulness appears to be particularly beneficial for addressing emotional dysregulation and fostering self-awareness, which are critical for resilience (14, 15). In contrast, RT's focus on need satisfaction and responsible behavior may provide couples with practical tools to manage their behaviors and decisions more effectively, thereby enhancing control (7). These distinct mechanisms suggest that the choice of therapy may depend on the specific needs and challenges of the couple, with ACT being more suitable for emotional and cognitive aspects of resilience and RT for behavioral and control-related aspects.

Despite the strengths of this study, several limitations warrant consideration. First, the sample size was relatively small, which may limit the generalizability of the findings to broader populations. Second, the study relied on self-report measures, which are susceptible to social desirability bias. Future research could incorporate observational or physiological measures to provide a more comprehensive assessment of resilience. Third, the follow-up period was short, and long-term effects of the interventions were not examined. A longer follow-up period would help determine the sustainability of the observed changes.

Suggestions for Future Research

Future studies should address the limitations of this research by employing larger and more diverse samples to enhance generalizability. Researchers could also explore the long-term effects of ACT and RT on resilience by extending the follow-up period. Additionally, investigating the differential impacts of these therapies based on demographic variables, such as age, education, and duration of marriage, could provide valuable insights into their applicability across various populations. Incorporating qualitative methods, such as interviews or focus groups, could offer a deeper understanding of couples' experiences with ACT and RT and the mechanisms underlying their effectiveness.

Another promising direction for future research is to examine the integration of ACT and RT elements into a single therapeutic framework. Given that both therapies demonstrated unique strengths in enhancing different resilience components, a hybrid approach could potentially maximize their benefits. For example, combining ACT's focus on mindfulness and acceptance with RT's emphasis on need satisfaction and accountability could provide a more comprehensive intervention for incompatible couples.

For practitioners, the findings of this study underscore the importance of tailoring therapeutic interventions to the specific needs of couples. ACT may be particularly beneficial for couples struggling with emotional dysregulation, lack of self-awareness, or difficulty accepting their thoughts and feelings. Its focus on mindfulness and value-based actions can help couples develop greater emotional resilience and adaptability. On the other hand, RT may be more suitable for couples seeking practical tools to improve behavioral control and accountability. Its structured approach to identifying and addressing unmet needs can empower couples to make more responsible and goal-directed decisions.Clinicians should also consider the cultural and contextual factors that may influence the effectiveness of these therapies. For example, in cultures where spirituality plays a significant role in coping with adversity, incorporating spiritual elements into therapy may enhance its impact on resilience. Additionally, practitioners should be mindful of the couples' readiness for change and their preferences for therapeutic approaches, as these factors can significantly influence engagement and outcomes.

Finally, ongoing training and supervision are essential for therapists to effectively implement ACT and RT. Given the distinct theoretical foundations and techniques of these therapies, clinicians should seek specialized training to ensure they are equipped to deliver them competently. Supervision can also provide a platform for reflecting on clinical experiences, addressing challenges, and refining therapeutic skills, ultimately enhancing the quality of care provided to couples.

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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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