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Effectiveness of Acceptance and Commitment Couple Therapy on Marital Satisfaction, Marital Function and Obsessive Symptoms in Couples with Obsessive Compulsive Disorder

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Abstract

Background: *Obsessive-compulsive disorder is a psychological condition that hinders one's ability to function properly because of persistent and unproductive thoughts and behaviors and has been suggested to contribute to distress in romantic relationships. The purpose of this study was to explore how couple therapy rooted in acceptance and commitment can improve marital happiness and functioning while decreasing obsession symptoms in individuals with obsessive-compulsive disorder.*

Methods: *The current research was a quasi-experimental study with a pre-test-post-test design. The target population consisted of all patients diagnosed with obsessive-compulsive disorder who were referred to psychological service centers in Isfahan in 2022. Twenty-six married patients with obsessive-compulsive disorder were chosen through convenience sampling and randomly divided into experimental and control groups (13 individuals in each group). The experimental group underwent an intervention based on acceptance and commitment, involving 10 therapy sessions lasting 90 minutes per week (five group sessions and five sessions with both partners present). Meanwhile, the control group remained on a waiting list and received no experimental treatment. The two groups were evaluated before and after the program using the ENRICH Marital Satisfaction (EMS), The Family Functioning Scale (FFS), and The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). In this research, statistical calculations were conducted using SPSS-21 software by performing the Analysis of Covariance (ANCOVA).*

Results: *The analysis of covariance results indicated that during the post-test phase, the experimental group displayed significant enhancement marital satisfaction, marital function, and decreased obsessive symptom scores with a statistical significance (P-value<0.05). Moreover, the intervention had a 58 percent impact on post-test obsessive symptom scores.*

Conclusions: *The results of this research suggest that utilizing acceptance and commitment couple therapy can enhance marital satisfaction, improve functioning, and decrease obsession symptoms, making it a viable treatment option for individuals with obsessive-compulsive disorder.*

Keywords: Acceptance and commitment couple therapy, Marital satisfaction, Marital function, Obsessive symptoms, Couples, Obsessive compulsive disorder.
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Introduction

Obsessive-compulsive disorder (OCD) is a long-term mental health condition characterized by repetitive, unwanted thoughts, impulses, or images known as obsessions, along with repetitive actions known as compulsions. Obsessions can trigger negative emotions such as anxiety, disgust, or guilt, while compulsions are carried out repeatedly to deal with these negative feelings, though the relief is often short-lived. The disorder is found in 2-3% of people at some point in their lives and affects both genders equally. The age of onset typically follows two peak periods, one in childhood or early adolescence and the other in late adolescence or early adulthood[1]. Obsessions and compulsive behaviors associated with Relationships (ROCD) can cause distress and impact a person's social, occupational, and other aspects of life. For instance, persistent thoughts about communication may go against a person's idea of their relationship or clash with their values. These conflicting thoughts are seen as unwelcome and disturbing, leading to guilt and embarrassment in the individual[2]. Obsessive-compulsive disorder (OCD) can negatively impact the harmony of a relationship. Doubts may escalate in intensity when we process our experiences through our senses, potentially resulting in a distorted view of ourselves and our connections with others[3]. According to Abramowitz, OCD can deceive a couple into believing they can easily address an issue, but the more they attempt to resolve it, the more complex and emotionally challenging it becomes[4].

A research study found that sexual desire is linked to marital satisfaction through the mediating influence of obsessive beliefs. It appears that both directly and indirectly, through obsessive beliefs, sexual desire can predict marital satisfaction[5]. The results of a study revealed that symptoms of obsessive-compulsive disorder (OCD) focused on the parent-child relationship acted as a mediator between symptoms focused on a partner and feelings of depression and stress. Furthermore, among factors related to marriage, satisfaction with the marriage also acted as a mediator between symptoms of OCD focused on a partner and feelings of anxiety and stress[6]. In the US, a sample of people with OCD was studied. The results showed a link between OCD severity and family accommodation, as well as relationship satisfaction. Family accommodation influenced the relationship between OCD severity and relationship satisfaction, with higher OCD severity leading to lower satisfaction[7].

The research shows that there is a rise in problems within marriages, reduced contentment with spouses, and lowered levels of intimacy among couples. Individuals with OCD tend to have a communication style that leans towards controlling others, likely stemming from their heightened desire for security[8]. Individuals with obsessive-compulsive disorder (OCD) often display a strong desire for excessive control over their partners and family members, creating a significant issue in their relationships[8]. The marital relationship can also be influenced by the fact that an anankastic individual tends to be preoccupied and inflexible outside of work hours. This person prefers to spend time organizing and cleaning the house or preparing for the next day, paying close attention to every detail and feeling the urge to maintain control over the immediate environment. Any deviation from strict routines and symmetry may be attributed to the partner[9]. Individuals suffering from OCD may frequently get so consumed and ashamed by their repetitive thoughts and behaviors that they struggle to pay attention to their partners, leading to a decrease in intimacy[4].

The study highlights the need to address family accommodation in OCD treatment, particularly for those with severe symptoms. There are various therapeutic approaches for coping with obsession. Although the effectiveness of exposure therapy and response prevention on OCD has gained considerable research evidence; but it has major limitations like the high rate of recurrence of the disorder after stopping the exposure[10]. Furthermore, it is crucial to assess how other treatments, such as acceptance and commitment therapy, impact OCD, as this can offer fresh insights into addressing this disorder. The goal of this approach is to promote psychological flexibility[14,15]. ACT has gained more and more attention for its effectiveness in improving physical and psychological issues relative to other established conventional therapies[16]. ACT aims to help improve individual psychological flexibility, which can be achieved through six core processes: acceptance, cognitive defusion, engagement with the present moment, self as context, values, and committed action[17].

Regarding the comparison between ACT and tCBT, some theoretical studies have concluded that, tCBT focuses on symptom reduction and changes the forms or frequency of symptoms for those suffering from somatic conditions and psychological symptoms, but ACT aims to foster psychological flexibility and paves the way for value-based behaviors[18]. Thus, tCBT focuses on identifying and changing dysfunctional thoughts and cognitions to produce alternative and more accurate thoughts[19]. However, ACT views that thoughts and beliefs do not directly affect an individual's behaviors, so it is unnecessary to change the content of cognition[19]. ACT aims to change the individual's relationship with dysfunctional beliefs and thoughts with cognitive defusion techniques, which teaches people to separate and distance themselves from the literal content and meaning of their thoughts to make cognitions become somehow "neutralized"[16,20].

ACT therapists believe that treating love as a valued object is an effective intervention to enhance interpersonal relationships in couples experiencing marital conflicts. When spouses align their actions with the values that guided them to marriage, communication flows more smoothly through life's challenges. Behaviors rooted in values also contribute to greater happiness within relationships. Given the natural fluctuations in marital dynamics, flexibility within a relationship is crucial. Couples therapy based on ACT aims to cultivate psychological flexibility, which in turn supports marital intimacy. Studies have indicated that acceptance and commitment therapy impact the level of marital happiness in women suffering from OCD, particularly in terms of intolerance, confusion, tolerance, and sexual function. Additionally, the approach improves the quality of interpersonal relationships, marital satisfaction, and dysfunctional attitudes in patients with OCD, ultimately leading to better symptom management and a higher quality of life[11-15]. Hence, the primary objective of this strategy is for the person to establish a successful and purposeful life by managing the pain, distress, and stress caused by engaging in criminal activities[16,17].

Regrettably, even though obsessions have a negative impact on families and family disruption can worsen obsessions, there is no study that has assessed the effectiveness of treating family members, such as spouses, to reduce obsessional symptoms and improve marital satisfaction and functioning. Family therapists frequently encounter couples struggling with obsessive behaviors, particularly with the detrimental effects of obsessive-compulsive disorder (OCD) on relationships. Interventions are crucial in addressing issues like marital discord and rising divorce rates resulting from these issues. Many couples grappling with mental health challenges turn to counseling services to improve their communication and understanding within the confines of their marriage. Thus, it is important to use optimal treatment methods. There is not much information available about the effectiveness of acceptance and commitment therapy in treating OCD-related issues and relationship problems. The primary objective of this research was to assess the impact of acceptance and commitment therapy on enhancing marital satisfaction, marital functioning, and symptoms of obsession in couples affected by obsessive-compulsive disorder. Thus, we hypothesized that ACT would significantly improve marital outcomes and reduce OCD symptoms. Figure 1 illustrates the conceptual model of ACT's mechanisms and pathways.

Values clarification → Reduced avoidance → Improved marital function

Figure 1. The conceptual model of ACT's mechanisms and pathways

Materials and Methods

The current research employed a semi-experimental design with a pre-test-post-test approach. The target population consisted of individuals diagnosed with obsessive-compulsive disorder seeking treatment at psychological service centers in Isfahan. Through convenience sampling, 26 married patients with obsessive-compulsive disorder were selected (Figure 2). The sample size was determined using the Kaiser-Meyer-Olkin (KMO) and Bartlett's test use for sample size adequacy criterion with a test power of 0.8[21]. Excluded: 10 did not meet inclusion criteria; 2 declined participations. Inclusion criteria for the research included being married, having a diagnosis of obsessive-compulsive disorder, being aged between 20 and 60 years, having at least a third-year high school education, being satisfied with participation in the study, taking part in acceptance and commitment therapy during the study, while exclusion criteria consisted of receiving psychological treatment within the last three months, missing more than one therapy session, having psychosis or bipolar disorder, and having mental retardation.

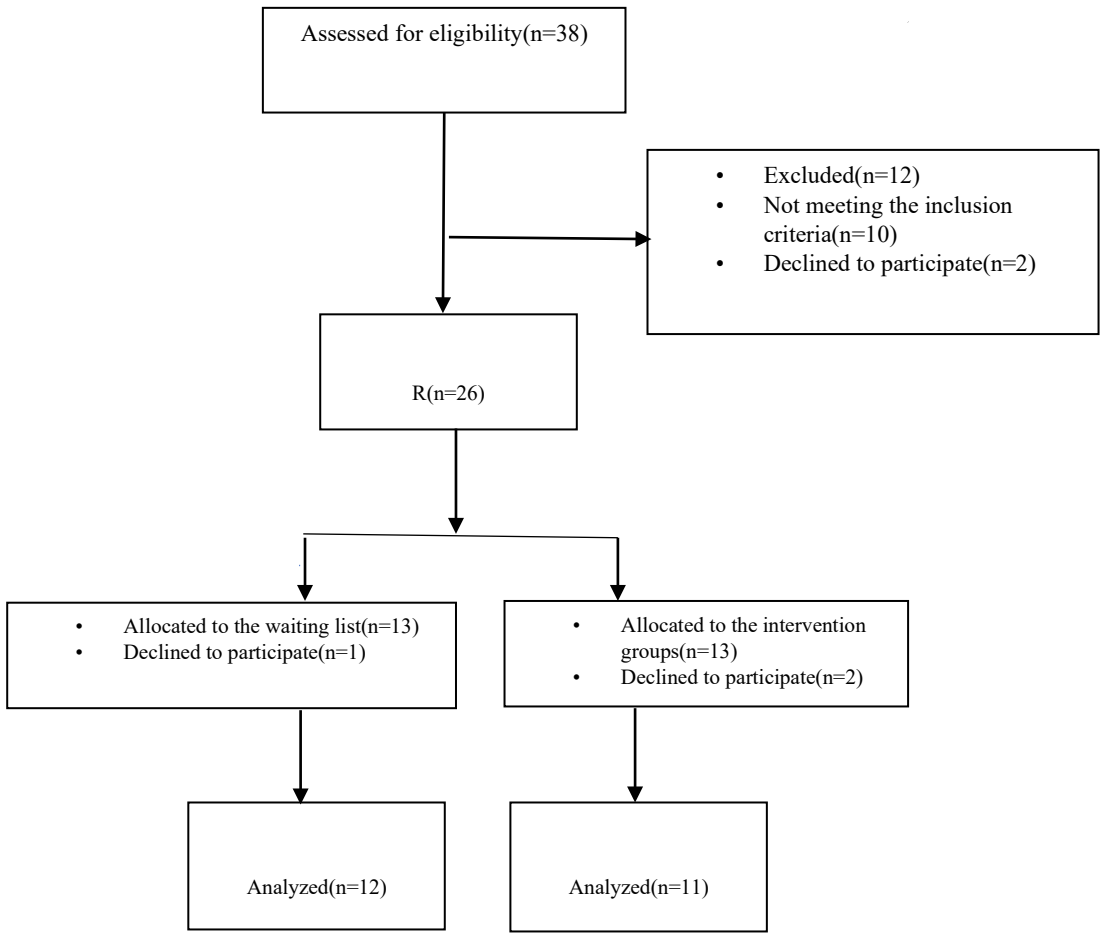

Figure 2. The CONSORT flow diagram of the study

One center, Tamasha Psychological Services Center, was chosen from a list of psychology and psychiatry centers in Isfahan to conduct the study. Among the patients referred to this center, 26 married individuals diagnosed with obsessive-compulsive disorder undergoing treatment were selected to participate in the research after meeting the criteria and obtaining consent from both partners. The couples were then randomly assigned to either the experimental group or the control group for the next stage of the study. Group sessions fostered peer support, while couple sessions targeted dyadic interactions. All groups, including the experimental group undergoing couple therapy based on acceptance and commitment, and the control group on a waiting list, were given a pre-test. Afterward, the experimental group participated in an intervention using acceptance and commitment principles. While the control group did not receive the experimental intervention, they attended a three-hour educational workshop to ensure ethical research practices and to prevent the formation of treatment expectations. This

workshop provided basic information about the disease to the patients but did not include any specific strategies.

The experimental group participated in five 90-minute group sessions with both spouses present, as well as five couple sessions based on acceptance and commitment[17] intervention (Table 1). To ensure research ethics and eliminate non-specific treatment effects, a three-hour educational workshop was conducted for the waiting list group, providing basic information about obsession without strategies. After 10 intervention sessions, a post-test was employed for both experimental and control groups. Three participants from the experimental group and one from the control group withdrew from the study before the post-test. All participants from both groups agreed to take part in the research voluntarily and had the freedom to withdraw from the study at any time, adhering to ethical standards. Additionally, the waiting list group received couples therapy based on acceptance and commitment after the research study concluded.

Table 1. Acceptance and Commitment Therapy (ACT) protocol

Session	Intervention
1	Introducing students to the course and other group members, as well as providing information brochures.
2	Establishing a therapeutic relationship, discussing treatment and its objectives.
3	Exploring methods of self-control by clients, teaching the concept of creative helplessness (Creative helplessness: A technique where clients recognize the futility of controlling thoughts, and using metaphors such as the hungry tiger (Your struggle with your painful thoughts & feelings can be compared to this imaginary pet tiger. Every time you empower your pain by feeding it red meat of experiential avoidance (i.e. anything you do that helps you avoid upsetting thoughts and feelings), you help your pain-tiger grow a little bit larger and a little bit stronger. Feeding it in this manner seems like the prudent thing to do. The pain-tiger growls ferociously telling you to feed it whatever it wants or it will eat you. Yet, every time you feed it, you help the pain to become stronger), more intimidating, and more controlling of your life, and eating mindfully (Mindful eating supports practitioners' sense of who they are by assuring them that they are OK in a nonjudgmental and self-accepting way. Mindfulness encourages practitioners to live fully in each moment and appreciate their life as it is.).
4	Introducing the concept of control as an issue, teaching about the inner and outer world, and behavioral commitment, as well as using metaphors like the polygraph.
5	Continuing to address control issues, using metaphors like the two-scale for generating desire and the guest metaphor.
6	Addressing mistakes, teaching about metaphors such as Thoughts as Leaves in a Stream: A metaphor used to distance a person from the thoughts that come into their head, it can be helpful to consider your mind as a stream and the thoughts that go into it as leaves and sticks floating down a stream. You can observe the leaves floating down the stream without jumping in and pulling all the debris out of the stream. Drivers Vs. Passengers: Another metaphor used to detach from your thoughts, thinking of the mind as a car driver and your thoughts/obsessions and feelings as passengers in a car – the passengers can tell you what to do and threaten you, but they are ultimately not the ones in control of driving the car. Beach Ball Underwater: A metaphor used to show the impact of avoidance, thinking of the emotions that a person is trying to avoid as a beach ball that they're trying to hold underwater; trying to hold the beach ball underwater (bottling up emotions and thoughts) takes an incredible amount of energy and usually the ball comes to the surface at some point anyway. Quicksand: A metaphor that highlights the impact of trying to change thoughts and fears, it can be helpful to imagine distressing thoughts and engaging with compulsions as similar to finding yourself in quicksand – the more you struggle to change and control the situation with compulsions, the worse the problem actually becomes.
7	Discussing self-awareness and values, practicing value identification, and receiving feedback.
8	Continuing to focus on self-awareness, using metaphors like the chess metaphor and engaging in exercises like the chocolate cake exercise.
9	Evaluating commitment to action, using metaphors like the bubble and seedling, and practicing self-awareness through exercises and feedback.
10	Summarizing the treatment sessions.

The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS): Y-BOCS is one of the measures of OCD, which evaluate obsession types or compulsions, but not their severity. This scale developed by Goodman et al. (1989) and is self-reported[22]. The tool had 10 items, five of which are focused on obsessions and five on compulsory behaviors with two parts: the list of symptoms is 16 items that are on a 5- point scale (0-4) with examples and the second severity scale of each of the obsessions and compulsions are estimated in five structures with the headings of confusion, frequency, interference, resistance, and symptom control. Three scores are obtained from this questionnaire, including the severity of obsessions (0-20), the severity of compulsions (0- 20), and a total score that includes all items (0- 20)[20]. The scale was used to measure the severity of OCD in the study. For scoring, each item is graded on a 5-point Likert scale from 0 (no symptoms) to 4 (very severe). The sum of 10 items shows the overall score for the severity of the disorder. Scoring is based on 5 parts: the time spent, the confusion and discomfort, the interference in daily life, the resistance to thoughts and formalities, and the amount of control. Suggested cut-off points are mild 0-7, weak 8-15, moderate 16-23, severe 24- 31, and very severe 32-40 [20]. The percentage values for the total severity scale score are very low (below 9), low (9-14), medium (23-14), high (28-23), and very high (28 and above). The cut-off point of this test in America and Iran is 16 and 9, respectively, to distinguish sick people from non-sick people. In a study conducted in Iran, Dadfar et al (2001) found that the scale had a high level of inter-rater reliability (r=0.98), internal consistency (α=0.89), and test-retest reliability (r=0.84) over a two-week period[23].

The Enrich Marital Satisfaction (EMS): This questionnaire was designed and built by Fowers AND Olson, 1987[24]. The scale is composed of 15 items, which are answered

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on a five-point scale (between 1=Strongly Disagree, and 5=Strongly Agree), and includes two dimensions: marital satisfaction (MS) (e.g., "I am not happy about our communication and feel my partner does not understand me"), and idealized distortion (ID) (e.g., "Our relationship is a perfect success"). The scale scoring is carried out by summing up the items, and by reversing the values of Items 2, 5, 8, 9, 12, and 14. However, in Iran Arab Alidousti et al[25], achieved Cronbach's alpha coefficient for the whole questionnaire was 0.92. In this research, the reliability obtained using Cronbach's alpha method was 0.78.

Family Assessment Device (FAD): The FAD is a 53-item questionnaire and was developed based on the McMaster model of family functioning. This device was developed by Epstein, Baldwin & Bishop (1983) aiming at collecting information on various structural and organizational dimensions of the family system[26]. This questionnaire is a self-report measure assessing and evaluating family functioning and quality of interaction among its members, and its items are separately rated on a 5-point Likert scale: "Very rarely", "Rarely", "Occasionally", "Frequently" and "Very frequently". The FAD is made up of seven subscales, namely "Communication", "Affective Involvement", "Role Playing", "General Functioning", "Problem Solving", "Affective Responsiveness" and "Behavior Control". FAD total score may be computed from adding together all the seven subscale scores. The validity and reliability of the FAD were evaluated (after being developed by Epstein et al. in 1983) using a sample of 503 individuals. The Cronbach's alpha reliability coefficient of the sets falls within the range of 0.72 to 0.92 indicating a high degree of internal consistency[26]. An Iranian study reported Cronbach's alpha reliability coefficients of certain subscales including problem-solving, emotional expression, and general functioning as 0.92, 0.75 and 0.93, respectively[27]. The Cronbach's alpha reliability coefficient of this questionnaire was 0.91 in this study.

The data analysis for this study was conducted at two levels - descriptive and inferential - using SPSS software version 21. Prior to analyzing the data, the normality was assessed using the Kolmogorov-Smirnov test, which compares data distribution to a normal curve, Skewness, and Kurtosis). Research hypotheses were analyzed using Analysis of Covariance (ANCOVA).

Results

Twenty-six women participated in the study. The mean and standard deviation of participants in the experimental group was 36.90±5.34, while the mean and standard deviation in the control group was 34.67±7.31. Educationally, in the experimental group, 10% of individuals had a middle school education, 30% had a high school education, and 60% had a university education. In comparison, in the control group, 41.7% had a high school education, and 58.3% had a university education.

In this research, the impact of the pre-test was managed through the use of the statistical technique called analysis of covariance in the post-test. It is important to mention that there was no significant correlation between the demographic factors (such as age and education) and the variables being studied (Table 2).

Table 2. Coefficient between demographic components and dependent variables of the study

Variable		Demographic components	
		Age	Education
Marital satisfaction	r	0.07	0.27
	P	0.76	0.22
Marital functioning	r	0.06	0.33
	P	0.78	0.13
Symptoms of obsession	r	-0.37	-0.10
	P	0.09	0.64

r=Pearson's correlation coefficient

Table 3 displays the mean scores for marital satisfaction, marital functioning, and obsessive symptoms for the experimental group in both the pre-test and post-test, compared to the control and experimental groups.

The experimental group demonstrated significantly improved marital satisfaction (F (1,22)=36.28, P-value<0.001, η^2=0.66) and marital performance (F (1,22)=16.61, P-value<0.001, η^2=0.47) post-intervention, as shown in Table 4. Conversely, the experimental group exhibited significantly reduced obsessive symptoms (F (1,22)=26.63, P-value<0.001, η^2=0.58) post-intervention.

Table 3. Mean and standard deviation of pre-test and post-test scores of variables

Variable	Group	Pre-test	Post-test
		Mean±SD	Mean±SD
Marital satisfaction	Experimental	124.30±45.25	145.00±41.40
	Control	145.92±29.92	146.17±30.83
Marital functioning	Experimental	133.90±24.55	150.30±16.89
	Control	139.42±17.13	140.75±16.78

Symptoms of obsession	Experimental	29.80±3.32	22.70±5.81
	Control	28.67±5.91	28.92±5.47

Table 4. Results of analysis of covariance

Variable	SS	DF	MS	F	P	Effect size η^2	eta
Marital satisfaction Pretest	24922.68	1	24922.68	493.78	0.001	0.96	0.99
Marital satisfaction Group Membership	1831.09	1	1831.09	36.28	0.001	0.66	0.99
Marital performance Pretest	4542.84	1	4542.84	76.82	0.001	0.80	0.99
Marital performance Group Membership	982.31	1	982.31	16.61	0.001	0.47	0.97
Obsessive symptoms	285.27	1	285.27	26.63	0.001	0.58	0.99

P=P-value; eta=partial eta-squared; Effect Size: (η^2)

Discussion

The study aimed to examine how couple therapy using acceptance and commitment can improve marital satisfaction and reduce symptoms of obsession in those with OCD. The results showed that this therapy significantly increased marital satisfaction for those with OCD. This aligns with previous research by Barzegar e al[5], Altafi et al[12], and Yaghoobi et al.[13]. The acceptance and commitment aproach suggest that distress, conflict, and emotional distance in relationships stem from control and avoidance behaviors[22,23]. Building on the broader impacts of OCD, recent studies highlight, couples may avoid contact, intimacy, and negative memories to prevent unwanted thoughts and feelings. These behaviors hinder healthy relationship actions[3]. Couples may become overly focused on obsessive thoughts and feelings about their relationship. When individuals give in to these types of thoughts and act upon them, it can lead to the establishment of detrimental and repeating cycles within the context of their relationship. These patterns can be difficult to break and may significantly damage the overall health and well-being of the couple involved. Although Acceptance and Commitment Therapy (ACT) is designed to lessen avoidant behaviors, the beginning stages of confronting previously avoided emotions can bring about feelings of unease and distress. This initial period of emotional discomfort necessitates a thoughtful and considered approach to self-regulation and coping mechanisms, as the intensity of these feelings can be overwhelming without proper management strategies [12]. Acceptance and commitment therapy suggests that change can happen when couples learn to separate themselves from their negative mental processes. This can help reduce the impact of negative reactions and thoughts and promote acceptance[16].

Ultimately, therapy helps couples reduce negative behaviors in their relationships. Through acceptance and mindfulness practices, couples become less sensitive and controlling. Acceptance and commitment therapy teaches couples to observe thoughts without getting upset and to practice acceptance[12,23]. For instance, couples learn to acknowledge intrusive thoughts without acting on them. These exercises assist couples in understanding each other's differences better. By being more aware of their thoughts and reactions, couples can avoid negative reactions and choose healthier behaviors. Acceptance and commitment therapy focuses on increasing cognitive flexibility. and accepting thoughts to help couples handle negative reactions differently and improve relationship satisfaction. This leads to decreased distress and increased marital happiness[14,19].

Research results indicate that couple therapy using acceptance and commitment can improve marital performance for those with obsessive-compulsive disorder[3,5,9,10]. This study is the first to explore the impact of this therapy on marital performance in individuals with this disorder, as no previous research has been conducted on this intervention in Iran or globally. According to the ACT psychopathology model, in a troubled relationship caused by factors like one partner's obsession, each person feels trapped in their own mental prison of negative thoughts and feelings towards the other. This prevents them from seeing their spouse clearly and pursuing their values, as they view their negative thoughts and feelings as the only truth[12,13,16].

Acceptance and commitment therapy teaches individuals to view their negative thoughts and feelings as separate from reality. Clarifying values and committing to appropriate actions can help couples improve their marriage. Setting goals and acting on them can help couples progress on the path to fulfilling relationship and surroundings, helping them stay committed and avoid negative patterns in their marriage[17,22]. Therefore, using acceptance and commitment can help improve relationships by reducing the impact of negative thoughts, enhancing communication, problem-solving, and overall marital performance. Couple therapy based on acceptance and commitment has been found to decrease symptoms of obsession in individuals with obsessive-compulsive disorder. A participant used mindfulness to reduce checking behaviors during conflicts. This type of therapy is effective in reducing obsession symptoms in individuals with obsessive-compulsive disorder[5,9].

The results of the study indicated that the intervention successfully decreased symptoms of obsession and compulsion, confirming its effectiveness. No previous research in Iran or elsewhere has examined the indirect impact of this therapeutic approach on reducing obsession symptoms in individuals with obsessive-compulsive disorder. Obsessions lead to considerable disruptions in family dynamics, particularly in relationships with partners. The obsessive thoughts are so distressing that they compel the individual to address them, making it increasingly challenging to maintain relationships over time. This disorder can weaken the individual's ability to handle various aspects of life, especially interactions with spouses[5]. According to the ACT approach, couples stuck in negative

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relationship cycles due to obsessions should work on reducing such processes to lessen suffering. The goal of ACT is to help couples be mindful of their emotional responses, clarify their relationship values, and commit to acting in ways consistent with those values despite unwanted thoughts and feelings[28]. ACT teaches couples to approach negative internal thoughts, feelings, and bodily states related to harmful relationship patterns instead of avoiding them[6].

According to the ACT approach, couples who dwell on obsessions and relationship issues will worsen their negative cycles and symptoms. ACT aims to reduce these patterns and alleviate the resulting suffering caused by avoidance behaviors. ACT aims to help couples be aware of their emotions and thoughts towards their partner, understand their relationship values, and commit to behaviors that align with those values despite negative thoughts and feelings[14]. While past experiences may have led couples to avoid conflict and rejection, ACT encourages them to confront and address negative thoughts and emotions in their relationships. Improving lifestyle and marital relationship can help. Educating the spouse can also reduce symptoms. Learning to manage thoughts and feelings can lessen obsessive behaviors. Committing to goals in marriage can limit acting on obsessive thoughts[29]. Improved marital satisfaction correlated with reduced OCD severity.

This study collected data at one point in time. It focused only on female participants, so its findings may not apply to men. Demographic factors had minimal impact, suggesting ACT's broad applicability. Group and individual sessions were used in the study, so the results should not be generalized to other settings. Our sampling limitations restrict generalizability. The intervention was tested only on spouses with obsessive-compulsive disorder. Couple therapy using acceptance and commitment may be effective for other disorders in married individuals. The treatment method should be studied in different populations. Lack of post-intervention follow-up is a limitation; future longitudinal studies are recommended. The effectiveness should be evaluated on couples, not just individuals with obsessive-compulsive disorder. The study found that couple intervention based on acceptance and commitment improves marital satisfaction and performance. This treatment should be used to help improve couples' relationships in various settings. Additionally, the intervention was shown to reduce obsessive symptoms in couples with obsessive-compulsive disorder. This treatment can be beneficial for couples suffering from obsessive symptoms.

This study looked at how couple therapy using acceptance and commitment can improve marital satisfaction and reduce symptoms of obsession in people with obsessive-compulsive disorder. The results show a significant improvement in all areas, suggesting that this approach can help reduce distress in couples and improve mental health. Moreover, Iran's familial norms may influence marital dynamics; future studies should explore cross-cultural validity. Therapists should integrate ACT into OCD treatment plans to address relational distress among couple.

Ethical Considerations

The information in this article comes from the author's thesis entitled "Ethics Code: IR.IAU.NAJAFABAD.REC.1401.187.

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Conflict of Interest

There is no conflict of interest.

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