

## Using Acceptance and Commitment Therapy to Treat Distressed Couples: A Case Study With Two Couples

Brennan D. Peterson  
Georg H. Eifert  
Tal Feingold  
Sarah Davidson  
*Chapman University*

*Although the field of couple therapy has made significant strides in recent years, there continues to be a need for theoretically sound and empirically supported treatments. The current case study examines whether Acceptance and Commitment Therapy (ACT), an experiential acceptance-based behavior therapy, can be effective in treating distressed couples. Although ACT has demonstrated effectiveness in treating a variety of disorders in individuals, it has not been systemically applied to the treatment of couple distress, and the current study is the first empirical examination of ACT for the treatment of couples. Two married couples participated in the study. A number of core ACT interventions were modified to treat couples in a conjoint format. Cognitive defusion exercises were used to help couples reduce their fusion with and the believability of negative thoughts and feelings related to the relationship. Mindfulness and acceptance techniques were used to help couples increase awareness of their reactions to negative relationship cycles. Finally, value-directed action was used to help partners act in ways consistent with relationship values even in the presence of unwanted thoughts and feelings. The results of this preliminary case study suggest that ACT may be effective in increasing marital adjustment and satisfaction, and in reducing interpersonal and psychological distress in couples. Future studies with larger samples and more controlled designs are needed to build on the results from this single-case study.*

TREATMENTS FOR DISTRESSED couples have gained considerable attention among researchers and clinicians over the past several decades. In their seminal review of the history of couple therapy, [Gurman and Fraenkel \(2002\)](#) noted that most therapists work with couples on a regular basis, and that couples seek therapy to deal with a variety of relationship difficulties, including communication problems, role conflicts, sexual difficulties, extramarital affairs, and poor problem-solving skills. This represents significant progress considering that as little as 40 years ago, approaches to couple therapy lacked empirical support and operated largely without theoretical foundation (Gurman & Fraenkel). Couple therapy is now the treatment of choice to address relationship dissatisfaction, and a number of studies have demonstrated that couple therapy is effective in reducing relationship distress while increasing relationship satisfaction and stability ([Christensen & Heavey, 1999](#); [Cordova, Jacobson, & Christensen, 1998](#); [Jacobson et al., 2000](#); [Johnson & Lebow, 2000](#); [Shadish & Baldwin, 2005](#)).

A number of studies have examined the effectiveness of couple therapy. Emotionally focused couple therapy (EFT), which focuses on altering negative relationship interaction cycles by accessing emotions and attachment needs, has been shown to be highly effective in treating couple distress ([Johnson & Lebow, 2000](#)). In addition, traditional behavioral couple therapy (TBCT) has demonstrated effectiveness in over 20 randomized clinical trials ([Jacobson et al., 2000](#)). Although TBCT has shown effectiveness, concerns regarding its limitations and the long-term maintenance of change led the founders of TBCT to create a new approach called integrative behavioral couple therapy (IBCT). This approach combines the behavior change strategies of TBCT with acceptance strategies aimed at reducing partners' insistence upon change ([Jacobson & Christensen, 1996](#)). When tested, these additive ingredients yield improved therapy outcomes ([Christensen et al., 2004](#); [Jacobson et al., 2000](#)).

In their study of 21 couples randomly assigned to either IBCT or TBCT, [Jacobson and colleagues](#) found that marital satisfaction improved significantly more for husbands and wives receiving IBCT when compared to couples receiving TBCT ([Jacobson et al., 2000](#)). A

randomized clinical trial by Christensen et al. (2004) examined the efficacy of IBCT using 134 chronically distressed married couples and assessed the couples at four time points (intake, 13 weeks, 26 weeks, and posttherapy). The findings indicated that IBCT was as effective as TBCT, and that couples receiving IBCT made steady improvement throughout therapy. In their 2006 follow-up, Christensen and colleagues found that although there were no significant differences in outcome between IBCT and TBCT, couples in both groups experienced different trajectories in improvement; TBCT couples experienced a more rapid improvement, while IBCT couples made more steady improvements over the course of therapy.

In addition to IBCT, there are other acceptance-based approaches aimed at improving relationships and treating emotional dysregulation in couples. Carson and colleagues (2004) tested whether mindfulness-based strategies could improve relationship quality in 44 nondistressed heterosexual couples and found that higher levels of mindfulness were related to improved relationships and decreased relationship stress. Additionally, Kirby and Baucom (2007) integrated components of dialectical behavior therapy and cognitive-behavioral therapy in a couples group format. The results of the study provided support for using this format to treat emotion dysregulation in couples.

Although empirically supported treatments such as IBCT and EFT have demonstrated long-term effectiveness for distressed couples, there are still concerns about the long-term effectiveness of couple therapy in general (Johnson & Lebow, 2000). For instance, couples often wait too long before seeking treatment, and only enter therapy after one or both members of the couple have become severely distressed. This is problematic because a couple's initial distress level is the strongest predictor of treatment outcome (Johnson & Lebow). In addition, outcome studies have consistently found that couples who are severely distressed at the beginning of therapy are least likely to be happily married at the end of treatment (Jacobson & Addis, 1993).

### Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is an experiential, acceptance-based behavior therapy that targets the function of experiential avoidance and efforts to control aversive experiences (Hayes, Strosahl, & Wilson, 1999). ACT helps clients to respond less literally to their thoughts and emotions by decreasing the believability of thoughts (cognitive defusion), learning to acknowledge and observe private reactions to psychological distress, and committing to and progressing toward valued life directions (Hayes & Wilson, 1994). ACT is based on Relational Frame Theory (RFT), a

comprehensive behavior analytic account of how individuals get entangled in language and verbal-symbolic behavior processes that trap them in a struggle with thoughts and emotions they experience as aversive (Hayes, Barnes-Holmes, & Roche, 2001).

Although ACT has shown considerable promise in treating a variety of psychological disorders involving individuals with anxiety, depression, chronic pain, eating disorders, and substance abuse (Eifert & Forsyth, 2005; Hayes et al., 2006; Heffner et al., 2003; Heffner, Sperry, Eifert, & Detweiler, 2002; Orsillo & Batten, 2005; Strosahl & Robinson, 2008; Wicksell, Dahl, Magnusson, & Olsson, 2005), there have not been any systematic studies addressing its application to the treatment of couple distress.

From an ACT perspective, the development and maintenance of distress, conflict, and emotional distance in couples stems from each partner's rigid and unworkable control and experiential avoidance strategies contextualized by the couple's relationship. Common avoidance strategies include avoiding communicating with one's partner when previous communications have led to conflict or emotional distance, avoiding expressions of emotional or physical intimacy due to the fear of rejection, and avoiding joint activities that create meaning and shared memories. These examples of experiential avoidance not only protect the individual from experiencing unwanted thoughts and feelings, but also prevent couples from acting in ways that promote relational health. Additionally, there is entanglement (fusion) with thoughts and feelings about the actions or lack of actions in the relationship. Taking such thoughts literally ("buying into" them) and acting on them maintains couples' negative relationship cycles. ACT seeks to undermine such processes and thereby reduce the unnecessary suffering in couples caused by each partner's experiential avoidance efforts. The ultimate goal of ACT is to help members of a couple become mindful of their cognitive and emotional responses to both their partner and their own behavior within the relationship, clarify the values they hold regarding their relationship, and commit to acting in ways that are consistent with these valued directions, even in the presence of unwanted thoughts and feelings.

When previous learning has taught couples to avoid situations linked with hurt, rejection, or conflict, ACT teaches couples to approach the aversive internal thoughts, feelings, and bodily states linked with these relationship patterns and dynamics. This is easily illustrated when one partner feels emotionally hurt or invalidated, which leads to emotional distancing. While emotional distancing serves to protect the individual and limits the possibility of further emotional distress, ACT teaches couples to approach the thoughts and feelings

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات