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# Comparison of the effectiveness of coupled communication imaging therapy (imago therapy) with acceptance and commitment therapy (ACT) on the mental health of couples

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**Abstract**

**Purpose**: Most couples face communication problems in their marital life. Disturbing relationships have devastating effects on their physical and social performance. **Methodology**: The purpose of this study was to compare the efficacy of communication imaging therapy (IMG therapy) with acceptance and commitment therapy (ACT) on the mental health of couples. Method: The research method was semi-experimental with pre-test, after-test, control and follow-up two months. The statistical population of this study consisted of all couples referring to counseling centers located in 6th district of Tehran in 1965-96. By using available sampling, 90 people were randomly selected and randomly assigned to three groups of 30 people. They responded to the Mental Health Questionnaire in three stages (Goldberg, 1972). The groups received 8 sessions of Ninety-minute training in association with treatment and admission therapy (ACT), and did not receive an interventional control. **Findings**: The results showed a significant decrease in the mental health score in the experimental group compared with the control group in the post-test and follow up stage. Since the implementation of the intervention training of communication imaging therapy therapy (EMG) with acceptance and commitment therapy (ACT) Mental health of couples is influential. **Discussion**: these couple therapy approaches can be used as a useful strategy for creating coherence and creating a conscious relationship to the interaction of mental elements to improve couples' relationships.

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## 1. Introduction

Family is the place to meet physical, intellectual and emotional needs, and having awareness of the biological, psychological and cognitive needs of their fulfillment will facilitate growth and excellence (Eldlty and Rudzwan, 2010). The health and dynamics of the family are rooted in the mental health and well-being of couples. According to various findings, many of the components of mental health and emotional well-being, such as physical immorality and social action, are related to the inadequate functioning of the family (Tedraud Vegeld Farb, 2010; Afraei et al., 2013).

The healthy physical, social, and mental functioning of a person provides a form of ability and well-being to carry out the various activities that they are engaged in and provide individuals with the ability to cope with the daily routines of life (Manuel et al., 2015). State Suitable individuals in physical, social and psychological dimensions can improve interpersonal communication and their performance in different aspects of life (Voluntan, 2012), which can be negatively or positively affected by the quality of marital life (Hirschberger et al., 2009).

Qassemi, Kajbaf and Rabiei (2011) showed that couples' quality of life model affects the mental health and mental well-being of couples and improves their quality of life (Curiton, 2010). This means that family factors are among the factors that affect the quality of life of couples. Mental health and the level of satisfaction with the lives of individuals have an impact. Because communication problems reduce love and interest and increase hostile behaviors, it can shake off the foundation of the family. Today, couple therapy approaches have been developed to reduce conflicts and disturbance of couples. Couple therapy aims to help couples adapt to current problems and learn effective communication methods (Pins, 2011; Houston, 2009). A review by Mc Williams and Bailey (2010) found that those who communicate in a sense of insecurity and anxiety are in conflict with their social functioning and have low mental health. The skill of enriching relationships can improve marital conflicts and complications (Jamali, 2012). Each person's response to stress and injury factors is different (Vazirinebasab, 2015). Evaluation and Practice of Paired Therapy on the Quality of Marital Relationship Among Immortal Physical and social anxiety and depression are working (Jookar Kumalabadi, 2012).

Simpson et al. (2010) research has shown that couples reduce the amount of emotional abuse among couples, but have not been effective in terms of physical violence. Given the marital problems, the existence of a couple therapy therapy intervention on the improvement of coupled couples' and their mental health can be used to reduce marital conflicts. The quality of marital relations forms a multi-dimensional phenomenon and various aspects of communication such as adaptability, satisfaction, happiness, cohesion and commitment (Yousefi and Errabi, 2011). The turbulent affairs of marital relations diminish the effectiveness of the family in fulfilling its duties of providing mental health and marital satisfaction (Khalagkhak et al., 1395). The main goal of couple's therapy is to improve couples' relationships (Altmanes & Imari, 2012). One of these approaches related to target selection is the telegraphic communication therapy (imago therapy). Couple Therapy for Communication Illustration is an intervention that has been explored in relation to the types of couple experiences and firm beliefs and unclear defenses of the spouses, and the emergence of maladaptive problems among couples (Gashkei, 2016).

## 2. literature Review

Communication approach; the theory and treatment of marriage, marriage, and the process of marital conflicts and the healing of wounds that have been seen in childhood by individuals from their primary caregivers in the process of socialization (Hendricks, 2007). The Comprehensive Image Imaging approach is the product of Hendrix and Hunt in 1999. Connected illustration pioneers include Freud and system theories, social freedoms, and interpersonal theories of Sullivan. My philosophy, Martin Baber, includes social learning theories and the knowledge of quantum physics (Hosseini, 2015). The general purpose of creating a healing environment It is a part in which every spouse can be aware of the needs (unfulfilled needs) and the feelings of the ignorance and worthlessness of the other party and the unconscious aspects of the relationships and the root of their conflicts and can solve them (Hosseini, 1394). Smith, Lokt, and Hellert (2015) communication illustrates significant positive changes in marital adjustment and couples' physical health, Moro and Holiman (2014) have made significant positive changes in the proper social practice of low-income Spanish couples, as well as Moro, Hollywood and Lokt (2015) showed a decrease in physical immaturity and empathic behaviors of couples. The results of Mary's research (2010) Gilestaneh, Mahanai, Jokar (2015), and Abdolvand Sadrvsvn and Daryan (2015) indicated the effectiveness of teaching visual communication learning about emotional and cognitive experiences and the proper social function of couples.

The second interventional method studied in this research is acceptance and commitment therapy. Acceptance and commitment therapy is a cognitive-behavioral intervention that examines the behavior of psychological experiences in the field of (beliefs, attitudes, emotions, memories and emotions), and meaningful events of life and their recognition (Viddon, Morrison, and Touing, 2013). Hayes & Steve (2010) Treatment based on the acceptance and commitment of a context-based intervention is based on a relationship framework theory that links human suffering with psychological inflexibility, which is enhanced by cognitive blending and experiential avoidance. Psychological flexibility Treatment of admission and commitment has six major processes that lead to mental flexibility (Whitley Leeson, 2010). The goal is to create psychological flexibility through admission processes, faults, self-referrals, relationships with the present, values, and the creation of a broad pattern of committed action related to these values (Forman, Herbert, Mutara, 2009).

The treatment addresses the clients' acceptance and commitment to separate their thoughts and emotions, which helps the therapist to correct the relationship framework and negative cognitive states. This strategy of therapy is similar to extrapolation in therapeutic narratives (Roland, 2010). One of the important principles that makes the acceptance and commitment of health more effective than other approaches is the knowledge and acceptance of avoided experiences (Forman, Herbert, Mutara, 2009). The acceptance and commitment approach has been evaluated by many research organizations in countries such as the United States and Canada, and has significantly improved marital and mental health and improved mental health and social interactions as compared with psychological and therapeutic treatments. It is believed that depression is a real problem for women in relation to social activities (Nawabinejad, 2012). On the basis of this, the treatment helps to reduce the avoidance strategies of the relationship between husband and wife, as well as to reduce the unnecessary suffering and The party gives couples the awareness of cognitive processes and

emotional reactions in the arts Understand each other and identify the beliefs and values that have led to maintaining and maintaining this relationship, and commit to action with the help of the methods needed to achieve the goals (Peterson et al., 2009, quoted by Heidarian Far, Aman Allah, Khojest Mehr and Imani, 2015).

In the research of Heidarian Farh, Khojest Mehr and colleagues (1394), adherence and commitment therapy is effective in the treatment of distress and physical impairment of couples; Rajabi, Imani, Mirami, Bashlidah and Khojastameh (2012) showed that Acceptance and commitment therapy is more effective in integrating behavioral therapy coupled with social anxiety and social function; Patterson, Eiffre, Davidson, Georck, and Fingold (2009). Acceptance and commitment therapy to increase marital satisfaction and reduce anxiety among The psychological and psychological self-control of the spouses is effective. Narimani and et.al (2014) Adoption and commitment therapy is effective on the psychological well-being, emotional, marital satisfaction of couples. Robin and Walser, Garrot, Carlin, Troc, and Daniel (2015) found that adherence and commitment therapy was effective in reducing depression, physical impairment and social function, and lowering suicidal thoughts. Accordingly, in light of the novelty of the subject and The importance of this in society seems to be an attempt to contain internal conflicts and increase the level of mental health and family support through organizing behavior and changing the way people think and approach, control the negative emotions through coupled communication therapy models and treatment based on Acceptance and commitment to improve the level of mental health of couples in order to prevent communication problems Pair psychosocial help. In this regard, this study aimed to compare the efficacy of couple's therapeutic communication imaging (IMG) therapy and acceptance and commitment therapy (ACT) on mental health of couples referring to counseling centers.

## 3. Methodology

This research was a semi-experimental design with pretest-posttest design with two experimental and one control groups. The statistical population of this study included all couples referring to counseling centers located in 6th district of Tehran in 1965-96. Sampling method was available. For this purpose, clients were asked to complete the mental health questionnaire. After checking the questionnaires, among the total number of clients, 90 (n = 90) subjects whose mental health scores were higher than the average, randomly available and voluntary, which had criteria for entering the research, were selected completely randomly and in random order Three experimental groups (15 couples) were tested and tested. The research inputs included: at least one year of joint life, a degree at least a diploma, having conflicts and marital problems, absence of acute and physical illnesses, The presence of couples together and absence of absenteeism in meetings, the lack of substance abuse, during the course, simultaneously under the program Eni and do not have the training or other drug therapy. Then, the experimental groups received 8-minute, 90-minute sessions of communication imaging therapy (IM) therapy and acceptance and commitment therapy (ACT), and the intervention group did not receive any intervention. After the end of the training sessions, the mental health questionnaire, as a post-test, and two months later, were followed up in both groups and again, the results of the two groups were compared. To observe ethical considerations, after the end of all stages of the study, training sessions were conducted for control group couples who were willing to participate in educational interventions.

The mental health questionnaire was developed by Goldberg and Hiller in 1970 to identify psychiatric disorders. The 28-item Questionnaire (GHQ-28) examines the mental status of a person in the last four weeks. This questionnaire includes 4 subscales of physical symptoms, anxiety and distress, social function disorder and feeling of frustration. Questions 1 to 7 refer to the scale of physical symptoms, from questions 8 to 14 of the scale (severe anxiety, under pressure, anger and anxiety, insomnia and panic and panic), from question 15 to 21, the scale of social function disorder (person's ability And pleasure from doing daily activities, decision-making power, feeling of satisfaction in fulfilling tasks, feeling helpful in life), Questions 22 to 28 are desperate scales (feelings of frustration, feelings of worthlessness of life, suicidal thoughts and dreams of dying). The method of scoring is that from the "A to D" option, the score is "0,1,2,3." The number of each person in each subscale is 0 to 21 and the total is 0 to 84. Scores for each scale are calculated separately, and then the scores of the scales are summed up and the overall score is obtained. In the interpretation of this test, if, on any scale, the score of an individual from 17 upwards and on a general scale from 41 upwards indicates a deterioration in the subject's mental health (physical immaturity and social action). The reliability coefficients of the questionnaire were reported on the basis of Cronbach's alpha (% 92) (Migba and Mohseni, 2011). The validity of its internal consistency is 0.87 using Cronbach's alpha. In the research (Karami, Zaki, Alikhani and Khodaday, 2012), Cronbach's alpha for the calculated subscales of 0.86% is obtained. Shiribim and Shafiabadi, Sudan (2009) have obtained the reliability of mental health questionnaire by Cronbach's and Pushup's alpha of 0.88 and 0.89, respectively. The scores of the components of the questionnaire with the total score of the results indicated that there was a satisfactory correlation between the components with each other and with the whole test, indicating the instrumental validity at the significance level of $p < 0.01$. In this research, Cronbach's alpha has a coefficient of 0.89 and a total of 0.91, 0.89, 0.93, and 0.90 for tests.

The process of communication coupled communication therapy sessions (Imago tropics) was conducted based on Analytical Couple Therapy (Hosseini, 1394) and the experiences of the researcher in the workshops. This study was conducted with attendance at educational sessions (including 8 weekly sessions for a time equal to 90 minutes). The goals and objectives of each session are as follows:

First meeting: (Brain and Cognitive Conversation, Referrals, and Contracts) The purpose of the initial communication with the couples, familiarity with the rules of the group, the commitment of the members to participate in the meetings. Motivation, decision to work responsibly to improve the relationship based on the vision obtained, a description of the role of empathy for couples, and the role of empathy in the way couples interact, the training of work and the importance of the brain in communicative failure, and emphasize the importance of safety in relationships, the definition of a mental image of a Ideal love relationship, determining the desired characteristics of the relationship, giving the assignment.

Second meeting: (Growth and experiences of the childhood and the choice of the spouse) Review of the process of growth and childhood experiences and the discovery of the structure of IMAGU (couples), the history of sincere relationships and communication patterns, the discovery of childhood failures and how they respond to them, watching the conversation of the couples, the conversation around Childhood development, mentally-driven image, and effective factors of them, providing a homework.

Third meeting: (Extension of empathy and re-imaging of the spouse) Imagine interviews about a child by the couple, filling out the form (Imago I) by the therapist, processing the form related to my imago, talking

therapist on re-imagining and empathy, parent dialogue and Baby, conversation therapist about hugging and caressing, practice caressing, giving a homework.

Fourth Session: (Relaxing romanticism) Talking about re-romanticism, practicing attentive behaviors, talking about small surprises, laughing practice. Checking the amount of empathy between spouses, the importance of emotional security, providing a list of surprising behaviors by each Couples and show that attention and actions are what is more desirable, giving a homework.

Fifth Session: (Rebuilding Failures) Speech on the Growth Map, Requesting Change Behavior, Creating Safety for the Recovery of Failures, Understanding Couples from Failures of Each Other, Considering the Lost Part Inside, The Couple Concept: "Your Wife Edition Growth is ", increased couples' intimacy, and assignment.

Sixth meeting: Creating a safe environment and promoting love and improving relationships. Creating a safe area and enhancing the courage of couples and healing emotional wounds and applying the techniques of reviewing past behavior and memories, the way of pleasing a spouse, identifying wishes and unfulfilled needs, provide an unexpected gift and enjoy pleasure and fun, providing a homework.

Seventh Meeting: (Raising Anger) Talking to anger and anger, reviewing the request for a change of behavior, writing requests in a positive way, evacuating anger in a safe and constructive environment, reducing the past agony and healing emotional wounds, providing homework.

Eighth Meeting: (Follow up) An overview of all the goals and techniques and changes made during couples during the sessions, emphasizing efforts to maintain and maintain positive changes to the follow-up program.

The process of meetings of acceptance and commitment treatment (ACT) sessions was based on the Practical Guidebook of Therapists on Acceptance and Commitment-Based Treatment (ACTORS) (1345) and the experiences of the researcher in the workshops. In this research, participants participated in educational sessions (including 8 sessions of 90 minutes, group therapy, couple therapy, treatment and acceptance, and 1-sessions each). The goals and objectives of each meeting were as follows:

First meeting: (referrals and contracts, stand-by and admission) The purpose of initial communication and familiarity with couples and rules of the group. Motivation, Decent Responsible Attempts to Improve Relationship Based on Insight, Descriptive of Therapeutic Concepts, Psychological Adaptation, Psychological Recognition, Psychological Consciousness, Cognitive Separation, Self-Visualization, Personal Story, Validating Values and Acting in Six Steps.

Second meeting: (Cyclical fault). Cognitive faults and metaphors, teaching language constraints in discovering experience, stylisation, revealing secret language, and reducing linguistic communication.

Third meeting: (Contact the moment now) Contact the moment now with the people, expressing the key goals, the importance of communicating with the present, using the knowledge of the moment to create the underlying.

Fourth Session: (self-concept of self-centeredness) self-conceptualization of the underlying, key objectives, self-concept, self-concept, the statement of what should begin with the process? Methods, metaphors, empirical exercises, integration with self-assessment.

Fifth Session: (Identify and determine the real values of life) Focus on raising awareness and responsiveness, and appropriate exposure to mental experiences, and the creation of a social life style and

purpose, and practical commitment. Identify and determine the true values of life, measure values, form the grading of values, guide people to contact values and clarify the state and how they are.

Sixth Meeting: (Engage in action) Commitment and review of key objectives, applications for goals and activities, continuity of commitment in the presence of emotional barriers, and evaluation of an obligated action.

Seventh Meeting: (Conceptualizing) Reviewing previous sessions and giving back couples. Learning to set up excitement goals. Setting up excitement, knowing why emotions are important, emotion detection, reducing your vulnerability and emotional suffering, increasing emotional excitement, changing emotions through action Contrary to recent emotions, practical training, feedback.

Eighth Meeting: (pursuit) Improving interpersonal efficiency, maintaining and maintaining good relationships, interest, etc. Training in interpersonal skills, self-expression and courage, clear trust, negotiation and self-esteem. Evaluating, maintaining and improving the results of your own change. Facilitating the completion and identifying the changes that have taken place to attend the sessions.

The way to conduct research

In order to carry out the research, at the beginning of the call for the formation of meetings in the counseling centers, the Ministry of Psychology and counseling and the Department of Welfare and the Headquarters of the 6th District of Tehran received information about the clients and then invited the couples to participate in the research. Firstly, in an interview organized for 15 minutes, an explanation of the method of work and the effectiveness of the intervention of educational approaches in the field of couples therapy, the purpose of the study and evaluation of inclusion criteria, which include: at least one year of joint life history, having education with a minimum degree of diploma, Having conflicts and marital problems, lack of diseases Acute physical and mental illness, the presence of couples together at the meetings, the absence of any of the couples in the meetings, the lack of substance abuse, willingness to cooperate in obtaining counseling intervention, and the completion of the informed consent form and the convenience of secrecy Personal information was provided to participate in the study. Prior to the training of the couples, the code of ethics was drawn up on the basis of the ethical considerations memorandum and informed consent form and correspondence received through the university. Then, after the initial interview, the subjects were asked to answer the mental health questions (pre-test). During the survey, questionnaires that were incomplete, unanswered or duplicated were excluded. Finally, 90 questionnaires were analyzed as a sample. Then, 45 couples (90) with the highest mental health score were randomly divided into three groups (15 couples) in both experimental and one control group. The experimental group couples participated in 8 separate sessions, based on the book of Amygroup Therapy Couples (Hosseini, 1394) and the Practical Guide for Therapists in Treatment Based on Acceptance and Commitment (Art Workers, 1395) and researcher's experiences in the workshops for 90 minutes and one Day after week. After the end of the training sessions, the post-test was carried out to the groups. In order to observe the research ethics, the couples of the control group were placed on the waiting list so that after the end of the research, group training sessions would be applied to them. Finally, the data were analyzed using SPSS-20 software using multivariate covariance analysis and Bonferroni post hoc test. After completing couple therapy therapy in communication imaging (imago therapy) and acceptance and commitment therapy Three months after the end of the session, a follow-up test was performed on the subjects in the groups. Also, after

completing the follow-up sessions, in order to comply with the ethical principles, four treatment sessions of 90 minutes were performed for the control group participants.

## 4. Findings

Based on the demographic characteristics of the findings, the findings showed that: the subjects were aged between 31 and 35 years old and the number of children was 55.3 percent, had one child and 27.5 percent had a service record of 5 to 10 years and in terms of 72.3% of them had an open job, and in the number of single-parent families, 34.8% of the first child and 32.4% in the period between marriage and 5 to 10 years in education, and 36.4% in education had a bachelor's degree.

Main hypothesis: There is a significant difference between couples in communication imaging therapy (IMG) and acceptance and commitment therapy (ACT) on mental health of couples referring to counseling centers.

**Table 1.** results of the Leven test

| Sig | DF2 | DF1 | Leven test | Variable |
|---|---|---|---|---|
| 0/110 | 58 | 1 | 2/630 | Mental health |

The results of the Leven test in Table 1 are based on the value of the significant level, indicating that the assumption is zero. Accordingly, the assumption of equality of variances is established.

**Table 2.** covariance analysis of variables

| eta | Significance | F | mean of squares | Degree of freedom | Sum of squares | Source of change | |
|---|---|---|---|---|---|---|---|
| .128 | .005 | 8.369 | 46.338 | 1 | 46.338 | group | |
| | | | 5.537 | 57 | 315.614 | Error | |
| | | | | 59 | 1036.183 | Total | |
| 0.015 | 0.378 | 0.791 | 1.371 | 1 | 1.371 | Physical | group |
| 0.405 | 0.001 | 36.109 | 34.820 | 1 | 34.820 | Anxiety | |
| 0.048 | 0.106 | 2.699 | 1.468 | 1 | 1.468 | social | |
| 0.025 | 0.248 | 1.367 | 0.855 | 1 | 0.855 | Depression | |
| | | | 1.734 | 53 | 91.923 | Physical | error |
| | | | 0.964 | 53 | 51.107 | Anxiety | |
| | | | 0.544 | 53 | 28.824 | social | |
| | | | 0.625 | 53 | 33.134 | Depression | |
| | | | | 58 | 371.559 | Physical | Total |
| | | | | 58 | 262.305 | Anxiety | |
| | | | | 58 | 597.932 | social | |
| | | | | 58 | 143.525 | Depression | |

According to Table 2, this covariance analysis is observed. Considering the significance level of 0.005 and F = 36.98, it can be said that the post-test scores of mental health in the treatment of communication imaging (imago therapy) and admission therapy and commitment (ACT) on mental health of couples referring to counseling centers. Also, the effect size of the effect is 0.88 at a low level. In the group, 28.1% of mental health changes are due to the effect of therapeutic interventions. The solution is confirmed. The results also showed that there was no significant difference between the groups in terms of physical component in posttest (F = 0.71, DF 1, 53; P <.378). The effect size was 0.015 and was insignificant. Also among the

groups, the anxiety component in the post-test (F = 36.109, DF 1, 53; P <0.001). There is a significant difference. Effect size was 405/0 and moderate to high. Also, there is no significant difference between the groups in terms of social component in posttest (F = 2.699, DF 1, 53; P <.106). The effect size is 0.048 and is negligible. On the other hand, the results showed that there was no significant difference between the groups in terms of depression in posttest (F = 1.367, DF 1, 53; P <.248). The effect size is 025/0 and is negligible. The differences in the size of the anxiety component have a greater effect than other components.

**Table 3.** Bonferroni post hoc test

| 95% Confidence interval | | Significance | standard error | Mean differences (I-J) | (J) group | (I) group | |
|---|---|---|---|---|---|---|---|
| Lower level | Lower level | | | | | | |
| -.541 | -2.975 | .005 | .608 | -1.758 | Acceptance and Commitment | Communication imagery | |
| 2.975 | .541 | .005 | .608 | 1.758 | Communication imagery | Acceptance and Commitment | |
| 1.009 | 3890-. | .3780 | .3480 | .3100 | Acceptance and Commitment | Communication imagery | Physical |
| .3890 | .0091- | .3780 | .3480 | .3100- | Communication imagery | Acceptance and Commitment | |
| .0401- | .0832- | 1.00 | .2600 | .5611- | Acceptance and Commitment | Communication imagery | Anxiety |
| 2.083 | 1.040 | 1.00 | .2600 | 1.561 | Communication imagery | Acceptance and Commitment | |
| .0710 | .7120- | .1060 | .1950 | .3210- | Acceptance and Commitment | Communication imagery | social |
| .7120 | .0710- | .1060 | .1950 | .3210 | Communication imagery | Acceptance and Commitment | |
| .1750 | .6640- | .2480 | .2090 | .2450- | Acceptance and Commitment | Communication imagery | Depression |
| .6640 | .1750- | .2480 | .2090 | .2450 | Communication imagery | Acceptance and Commitment | |

Results Table 3 Bonferroni post hoc test showed that mental health scores imagery group communication and ACT after therapeutic intervention significant differences exist (005/0 = P). A negative difference scores imagery group communication and ACT (758 / 1- ) Indicates the low post-test scores of the communication imaging group compared to the ACT group. With a general summary of the above results, it can be assumed with 95% confidence that communication image therapy was more effective than admission and commitment treatment. Also, results have shown that mental health scores vary between communication and commitment departments. The results of the above table indicate that the difference between the average mental health scores of the communication and commitment demonstration group in the anxiety component is -1.561. The negative mean of the mean difference sign indicates that the average mental health in the communication illustration group in the anxiety component is lower than the acceptance and commitment group. There are no significant differences between the other components among the groups.

## 5. Discussion

The purpose of this study was to compare the efficacy of coupled communication imaging therapy (imago therapy) and acceptance and commitment therapy (ACT) on mental health of couples referring to counseling centers. the "effect of Imago relationship with the therapist acceptance and commitment on the mental health of couples" the results of McWilliams and Bailey (2010), Simpson et al. (2010), Ghasemi, Kajbaf and Rabie (1390), Jvkarkmal village, creator of whether and Associates (1395), Altmans Weimery (2012), Smith et al. (2015), Golestane, Mahnai and Jokar (2015) about the quality of life Weeding is related to mental health indicators, including physical immorality and social and subjective social functioning of couples. Also, findings are based on studies on the effectiveness of communication therapy therapy on physical immorality and social performance of couples consistent with the research of Smith, Lokt and Gellert (2015), Moreau and Hvlymn (2014), Moreau, Hvlymn and Lvkt (2015) significant positive changes Radrsazgary Vknsh marital, social, physical decline exhausted Vayjadrftarhay creates a sympathetic couple Sazd.pzhvhsh Mary (2010), Golestane, Mhnayy, Joukar ( 2015), Abdulwand, Sadr Susan, Diaryan (2015). The findings are also based on research on the effectiveness of acceptance and commitment therapy in improving the mental health of couples in line with the findings of Amanolahi et al. (1393), Rajabi et al. (2012); Patterson et al. (2009); Especially with respect to comparing the effectiveness of imago relationship with the therapist acceptance and commitment to the mental health of couples can be said of the image of the relationship between intervention novel about the experiences of couples and beliefs based and Defense unconscious wives at odds with each other and problems maladaptive is And increasing couples' communication, improving growth consolidation, improving childhood injuries, increasing mutual differentiation as well as restoring contact between them. Smith, Lokt and Gahlert (2015), Houston (2009) state that communication imaging therapy has been considered by the author to reduce irrelevant and increase social performance of couples. The acceptance and commitment approach has been evaluated by many research organizations in countries such as the United States and Canada, and it has been shown that marital health and mental health will improve marital morbidity and social deprivation and improve the social performance of people in comparison to psychological and therapeutic treatments. On this basis, it can be argued that depression is a real problem for women in relation to the different social practices that they face in their lives (Nawabinejad, 2012). Research that does not match the outcomes of this research. The growing psychological problems among couples have been deeply rooted in psychologists and other social and behavioral scientists. Since the results of studies and studies have shown, mental health helps individuals to create the right way Psychological and emotional can adapt to their environment and choose the best solutions for solving problems.

Through couple's therapy, couples can meet the needs of each other by co-operating, engaging and accountable that can be achieved through companionship. It also helps people to rebuild their thoughts, feelings, behaviors, and physical symptoms (Anderson et al., 2008). Accordingly, it can be concluded that communication image therapy with admission and commitment therapy is effective in improving the mental health of couples. One of the limitations in this study is the family and social texture of couples and the fact that some couples were migrating and lack of access to primary support resources, the shift of some couples to mood and behavioral conditions, and participation in training sessions. . In this research, although there was an insight into these cases, it could not be neglected, and their impact as interfering variables in the outcome of the treatment was not negligible. Considering these limitations, the generalizability of the results

of this research should be done with caution. It is suggested that this research be conducted on larger samples in different societies and different cultures by other researchers, in order to enhance the generalization of the results. Considering the fact that this research was carried out in Tehran. It is suggested that this research be repeated in cities, ethnicities and other cultures because, given that cultural issues in marital life differ according to the lifestyle of each people, culture, attitudes, values, and their essentials, will be somewhat effective. In summary, the application of research-based approaches to therapy, given that in the context of the family and respect family pays this suggests that couples in their processes of change must be satisfying and stable relations and social performance to be increased. The results of this study, in addition to being applicable to maladaptive couples, are applicable to family counselors in pre-marriage, marriage and divorce. Couples who come to counseling centers. " All Bzrgvarany the cooperation, guidance and assistance to reach the study was done, India.

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