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The Effectiveness of Acceptance and Commitment Therapy on Coping Strategies, Cognitive Emotion Regulation, and Self-Compassion in Girls with Experience of Romantic Failure

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ABSTRACT

Objective: This study aimed to examine the effectiveness of Acceptance and Commitment Therapy (ACT) on coping styles, cognitive emotion regulation, and self-compassion among Iranian girls aged 19–28 years who had experienced repeated emotional failure following romantic relationship dissolution.

Methods: A quasi-experimental pretest–posttest design with a control group and a one-month follow-up was employed. Thirty participants were purposively selected from counseling centers in District 5 of Tehran, Iran, in 2024, based on predefined inclusion criteria. Participants were randomly assigned to an experimental group receiving ACT (n = 15) or a control group receiving no intervention (n = 15). The ACT intervention consisted of eight sessions delivered over four weeks (two 2-hour sessions per week) and focused on acceptance, mindfulness, and values-based behavior. Data were collected at baseline, posttest, and follow-up using the Ways of Coping Questionnaire (WOCQ), Cognitive Emotion Regulation Questionnaire (CERQ), and Self-Compassion Scale (SCS). Multivariate analysis of covariance (MANCOVA) was conducted, controlling for pretest scores.

Results: The results indicated that participants in the ACT group showed significant improvements in adaptive coping styles, cognitive emotion regulation, and self-compassion compared to the control group at posttest and one-month follow-up ($p < .05$). Specifically, increases were observed in problem-focused coping strategies, adaptive emotion regulation strategies, and positive self-compassion. These effects remained stable over time.

Conclusions: Acceptance and Commitment Therapy appears to be an effective intervention for enhancing coping mechanisms, emotional regulation, and self-compassion among young women experiencing emotional failure due to romantic relationship dissolution. The findings support the use of ACT in culturally specific mental health settings and provide practical implications for psychological interventions targeting emotional recovery.

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Introduction

Emotional failure, particularly resulting from the abrupt termination of romantic relationships, poses a significant challenge to the mental health and emotional well-being of young women, often leaving enduring effects (Pirmoradian et al., 2024). For adolescent and young adult girls, the disintegration of a romantic bond transcends a mere temporary setback, manifesting as a profoundly distressing experience that elicits intense negative emotions, including sadness, rejection, anger, and a pervasive sense of isolation (Haugan et al., 2021; Issazadegan & Soleymani, 2022). This phenomenon, occasionally termed "love trauma syndrome," encompasses a spectrum of severe psychological symptoms that surface following such relational disruptions. Frequently, the emotional turmoil post-breakup compromises an individual's capacity to engage effectively with their social surroundings, resulting in heightened emotional and social loneliness (Etemadnia et al., 2021). Research indicates that over 25% of young individuals encounter emotional failure at some juncture, with girls often experiencing more pronounced psychological repercussions than their male peers, potentially attributable to societal expectations and gender-specific emotional processing patterns (Mohammadyari et al., 2022). Among Iranian girls, these effects may be amplified by cultural norms that prioritize relational stability and emotional interdependence, intensifying feelings of loss and disconnection. Such emotional failure undermines adaptive coping mechanisms (Rezapur & Abbasi, 2025), predisposing individuals to maladaptive strategies like avoidance or rumination rather than constructive problem-solving (Mancone et al., 2025). Moreover, cognitive emotion regulation—a pivotal mechanism for managing emotional responses—becomes impaired, with affected girls struggling to reframe negative thoughts or mitigate emotional intensity (Soltani & Fatehizadeh, 2022). The erosion of self-compassion, a critical protective factor for approaching suffering with kindness, further heightens vulnerability to prolonged psychological distress, diminished self-esteem, and constrained recovery potential (Daştan, 2023). These multifaceted consequences underscore emotional failure as a complex psychological issue necessitating targeted research and intervention, particularly for young women navigating this critical developmental phase. The theoretical framework of this study is grounded in third-wave cognitive-behavioral therapy and the concept of psychological flexibility central to Acceptance and Commitment Therapy (ACT). According to this framework, acceptance, mindfulness, and value-driven actions enhance psychological flexibility, which in turn can

improve adaptive coping styles, cognitive emotion regulation, and self-compassion. Conversely, low psychological flexibility and deficits in these domains underlie many of the psychological difficulties following emotional failure. Within this framework, ACT functions as a targeted intervention that, by strengthening psychological flexibility, serves as a mediating pathway between experiences of emotional failure and improvements in psychological outcomes, thereby mitigating emotional and cognitive consequences.

The significance of addressing emotional failure in young women extends beyond individual suffering, encompassing broader psychological, social, and developmental ramifications that reverberate through their lives and communities (Mancone et al., 2025). During adolescence and young adulthood, romantic relationships constitute a vital domain for identity formation, emotional security, and the development of intimacy, aligning with Erikson's stage of "intimacy versus isolation (AUSTRIA, 2024; Lahiri, 2022)." When these relationships falter, emotional failure can derail this developmental trajectory, thrusting girls into a state of psychological vulnerability marked by reduced self-worth, and impaired interpersonal functioning (Mancone et al., 2025). Evidence suggests that over 21% of Iranian students—predominantly girls—have recently reported emotional setbacks, highlighting the urgency of this concern (Barjasteh Vaseks et al., 2023). These effects are not fleeting; they frequently precipitate persistent mental health challenges, including elevated risks of depression, anxiety, and enduring relational difficulties (Soltani & Fatehizadeh, 2022). For girls socialized to value relational harmony and emotional connectivity, these outcomes are particularly severe, often manifesting as diminished academic performance, social withdrawal, and weakened resilience (Akbari et al., 2021). In Iran, where cultural emphasis on familial and social interconnectedness prevails, the stigma and shame tied to failed relationships may exacerbate isolation precisely when support is most needed (Mohammadyari et al., 2022). The decline in self-compassion and adaptive coping not only impedes recovery but also strains mental health resources, as evidenced by the increasing number of young women seeking counseling (Marsa et al., 2024). This pervasive issue demands attention for its immediate toll on psychological well-being and its long-term implications for women's health, social cohesion, and emotional stability. Targeted interventions, such as Acceptance and Commitment Therapy (ACT), which promotes acceptance and psychological flexibility, offer a promising avenue to help girls manage negative

emotions and align with their values, mitigating these widespread effects (Binder et al., 2024; Mahmoudfakhe et al., 2023; Yuan et al., 2024).

Extensive research has highlighted the psychological toll of emotional failure, particularly following romantic relationship dissolution, with significant implications for mental health. Studies link breakups to depression, anxiety, and emotional difficulties, identifying young women as particularly vulnerable due to societal and gender-specific factors (Del Palacio-González et al., 2019; Parks, 2020). Maladaptive coping styles, such as avoidance or rumination, exacerbate distress, while adaptive strategies are underutilized (Guadalupe & DeShong, 2025). Cognitive emotion regulation difficulties perpetuate suffering by impairing the ability to reframe negative thoughts (Soltani & Fatehizadeh, 2022), and diminished self-compassion intensifies relational setbacks (Tylka et al., 2019). Iranian studies on Acceptance and Commitment Therapy (ACT) have shown promise. Dourandish et al. (2022) found ACT enhances cognitive emotion regulation and self-compassion in 30 women, but overlooked coping styles and cultural factors like social stigma. Nejad Rodani et al. (2023) reported ACT reduces love trauma syndrome and boosts self-compassion in 45 girls, yet neglected coping styles and relational expectations. Norouzi and Kajbaf (2023) showed ACT improves mental health and reduces cognitive fusion in 30 girls, but ignored coping styles, self-compassion, and cultural influences. Parsaei et al. (2025) found ACT promotes post-traumatic growth in 45 students, indirectly supporting self-compassion, but omitted coping styles, cognitive regulation, and cultural context. Aghjane et al. (2022) and Dortaj et al. (2020), using mixed interventions in small samples, improved self-compassion and reduced self-criticism, but their combined approach obscures ACT's specific effects, and coping styles and cultural factors were unaddressed. Amanollahi et al. (2018) reported ACT enhances acceptance in 3 students in Ahvaz, supporting cognitive regulation, but excluded coping styles, self-compassion, and cultural analysis. Broader ACT studies, such as Ashoori (2022) on couples, Shahbazi and Getabi (2025) on women with vitiligo, Aalami et al. (2022) on divorcing couples, and Hasan Sajedi et al. (2024) on adolescents, suggest benefits for emotion regulation or well-being, potentially linked to self-compassion. However, their focus on unrelated populations and neglect of coping styles, simultaneous variable analysis, and Iranian cultural factors like stigma limit their relevance to emotional failure in girls.

Building on the limitations identified in prior research, particularly the lack of studies examining the simultaneous effects of Acceptance and Commitment Therapy (ACT) on coping styles, cognitive emotion regulation, and self-compassion in the Iranian context, this study addresses critical gaps. Prior studies, such as Dourandish et al. (2022) and Nejad Rodani et al. (2023), have confirmed ACT's effectiveness in improving cognitive emotion regulation and self-compassion, yet its impact on coping styles and the influence of cultural factors, such as social stigma and relational expectations affecting Iranian girls, remain underexplored. Given that over 21% of Iranian students, predominantly girls, report experiences of emotional failure (Barjasteh Vaseks et al., 2023), there is a pressing need for targeted interventions. This study aims to address these gaps by evaluating the efficacy of ACT in enhancing coping styles, cognitive emotion regulation, and self-compassion among Iranian girls who have experienced emotional failure. So, this research seeks to answer the question, can ACT improve coping styles, cognitive emotion regulation, and self-compassion in Iranian girls who have experienced emotional failure?

Material and Methods

Research Design

This study employed a quasi-experimental pretest-posttest design with a control group and a follow-up phase to evaluate the effectiveness of Acceptance and Commitment Therapy (ACT) on coping styles, cognitive emotion regulation, and self-compassion among girls with repeated emotional failure. Participants were assessed at three time points: baseline (pretest), immediately following the intervention (posttest), and one-month post-intervention (follow-up).

Participants

The target population consisted of girls aged 19–28 years who had experienced repeated romantic breakups and sought counseling services at centers in District 5 of Tehran, Iran, in 2024. From this population, 30 participants were purposively selected based on inclusion criteria. Romantic breakup was confirmed by psychologists at the counseling centers and defined as the involuntary dissolution of a romantic relationship lasting at least three months, occurring between one and six months prior to the study. Participants were randomly assigned to two groups: an experimental group receiving Acceptance and Commitment Therapy (ACT) (n = 15) and a control group receiving no intervention (n = 15). Exclusion criteria included substance abuse, concurrent

psychotherapy or use of psychotropic medication, suicidal ideation requiring crisis intervention, absence from more than two sessions, or resumption of the previous relationship. Written informed consent was obtained from all participants.

Instruments

Data were collected using four validated self-report instruments administered at pretest, posttest, and follow-up phases. Each measure is detailed below with its psychometric properties.

Ways of Coping Questionnaire (WOCQ): Created by Lazarus and Folkman (1984), this 66-item instrument evaluates coping strategies across eight subscales: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal. Items are scored on a 4-point Likert scale, with higher scores reflecting greater use of specific strategies. The original scale exhibited strong reliability (Cronbach's alpha = 0.86) across subscales (Folkman & Lazarus, 1985). In Iran, Pakdaman and Mohamadifar (2016) confirmed internal consistency (Cronbach's alpha = 0.88) and convergent validity via correlation with the Lyonel Stress Inventory. This study yielded a Cronbach's alpha of 0.86. In the current study, subscales were grouped into two composite scores: Problem-Focused Coping (seeking social support, accepting responsibility, planful problem-solving, and positive reappraisal) and Emotion-Focused Coping (confrontive coping, distancing, self-controlling, and escape-avoidance) to assess adaptive and maladaptive coping tendencies, respectively.

Cognitive Emotion Regulation Questionnaire (CERQ): Designed by Garnefski et al. (2001), this 36-item measure assesses nine cognitive emotion regulation strategies: self-blame, blaming others, acceptance, rumination, positive refocusing, refocus on planning, positive reappraisal, catastrophizing, and putting into perspective. Responses are provided on a 5-point Likert scale, with higher subscale scores indicating more frequent use of each strategy. The original version showed good reliability (Cronbach's alpha > 0.70, often > 0.80) across subscales (Garnefski & Kraaij, 2007). In Iran, Besharat and Bazzazian (2014) reported internal consistency ranging from 0.74 to 0.92 and test-retest reliability from 0.51 to 0.77. In this study, Cronbach's alpha ranged from 0.72 to 0.85 across subscales. In the current study, subscales were categorized into two composite scores: Adaptive Strategies (acceptance, positive refocusing, refocus on planning, positive reappraisal, and putting into perspective) and Maladaptive Strategies (self-blame, blaming others, rumination, and catastrophizing) to differentiate between constructive and dysfunctional regulatory processes.

Self-Compassion Scale (SCS): Developed by Neff (2003), this 26-item scale measures self-compassion through six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Items are rated on a 5-point Likert scale, with higher total scores reflecting greater self-compassion. The original scale demonstrated excellent internal consistency (Cronbach's alpha = 0.92) and subscale reliabilities from 0.75 to 0.81 (Neff & Tóth-Király, 2022). In Iran, Momeni et al. (2013) reported a total scale Cronbach's alpha of 0.76, with subscale reliabilities ranging from 0.79 to 0.85, alongside high convergent and divergent validity via correlations with Rosenberg's Self-Esteem Scale and Beck's Depression and Anxiety Inventories. This study achieved a Cronbach's alpha of 0.81 for the total scale. In the current study, subscales were aggregated into two composite scores: Positive Self-Compassion (self-kindness, common humanity, and mindfulness) and Negative Self-Compassion (self-judgment, isolation, and over-identification, reverse-scored) to capture the dual aspects of self-compassionate responding.

About the intervention, the experimental group underwent an 8-session ACT protocol adapted from Hayes et al. (2006), delivered over four weeks with two 2-hour sessions per week in September 2024. Sessions were facilitated by a trained therapist and covered core ACT processes: creative hopelessness, acceptance, cognitive defusion, mindfulness, values clarification, and committed action. Key activities included exercises to challenge avoidance patterns, promote present-moment awareness, and align behaviors with personal values. The control group received no intervention during the study period but was offered the protocol post-study for ethical considerations.

Following ethical approval from the Islamic Azad University, Roudehen Branch, participants were recruited through a call at counseling centers. After initial screening via interviews and questionnaires, eligible participants were randomly assigned to groups. Pretest measures were administered one week prior to the intervention. The ACT group completed the 8-session program, while the control group followed their usual routines. Posttest assessments occurred within one week of the intervention's conclusion, and follow-up measures were collected one month later. Data collection adhered to ethical guidelines, ensuring confidentiality and voluntary participation. Data were analyzed using SPSS version 22. Descriptive statistics (means and standard deviations) summarized participant characteristics and outcome variables. Assumptions of normality (Kolmogorov-Smirnov test) and homogeneity of variance (Levene's test) were verified. To assess

intervention effects, a multivariate analysis of covariance (MANCOVA) was conducted, with pretest scores as covariates, group (ACT vs. Control) as the independent variable, and posttest/follow-up scores on coping styles, emotion regulation, and self-compassion as dependent variables.

Results

Based on demographic data, the mean age of the participants in the experimental group (ACT) was 23.47 ± 2.81 years, and in the control group was 24.12 ± 3.15 years. Each group consisted of 15 participants. Regarding education, in the experimental group, 5 individuals (33.3%) had a high school diploma, 7 (46.7%) had a bachelor's degree, and 3 (20%) had a master's degree or higher; in the control group, 6 (40%) had a high school diploma, 6 (40%) had a bachelor's degree, and 3 (20%) had a master's degree or higher. Age and education were compared across the two groups using an independent t-test and chi-square test, respectively. The results showed no significant differences in age ($t_{28} = 0.58$, $p > 0.05$) or education ($\chi^2 = 0.93$, $p > 0.05$) between the groups.

Descriptive statistics for the study variables at pretest, posttest, and follow-up phases are presented in Table 1. In the experimental group, the mean score for Problem-Focused Coping (WOCQ) increased from 30.50 ± 6.50 at pretest to 55.75 ± 5.80 at posttest and was 53.20 ± 6.00 at follow-up, while in the control group, it remained relatively stable (30.80 ± 6.70 at pretest, 31.20 ± 6.60 at posttest, and 30.90 ± 6.80 at follow-up). For Emotion-Focused Coping (WOCQ), the experimental group showed a decrease from 48.20 ± 7.00 at pretest to 35.60 ± 6.50 at posttest and 36.40 ± 6.70 at follow-up, whereas the control group scores were 48.50 ± 7.20 at pretest, 48.80 ± 7.10 at posttest, and 48.30 ± 7.30 at follow-up. The total Coping Strategies score in the experimental group increased from 78.70 ± 13.50 at pretest to 91.35 ± 12.30 at posttest and 89.60 ± 12.70 at follow-up, compared to the control group, which showed little change (79.30 ± 13.90 at pretest, 80.00 ± 13.70 at posttest, and 79.20 ± 14.10 at follow-up).

Regarding Cognitive Emotion Regulation (CERQ), the mean score for Adaptive Strategies in the experimental group rose from 45.60 ± 8.00 at pretest to 75.50 ± 7.20 at posttest and 73.10 ± 7.50 at follow-up, while the control group remained stable (45.90 ± 8.20 at pretest, 46.30 ± 8.10 at posttest, and 45.80 ± 8.30 at follow-up). For Maladaptive Strategies, the experimental group decreased from 50.40 ± 7.50 at pretest to 33.80 ± 6.80 at posttest and 34.60 ± 7.00 at follow-up,

whereas the control group showed minimal change (50.70 ± 7.70 at pretest, 51.00 ± 7.60 at posttest, and 50.50 ± 7.80 at follow-up). The total Cognitive Emotion Regulation score in the experimental group increased from 96.00 ± 15.50 at pretest to 109.30 ± 14.00 at posttest and 107.70 ± 14.50 at follow-up, compared to the control group, which remained consistent (96.60 ± 15.90 at pretest, 97.30 ± 15.70 at posttest, and 96.30 ± 16.10 at follow-up).

For Self-Compassion (SCS), the mean score for Positive Self-Compassion in the experimental group increased from 24.70 ± 4.50 at pretest to 43.20 ± 4.00 at posttest and 41.90 ± 4.20 at follow-up, while the control group showed little change (24.90 ± 4.70 at pretest, 25.20 ± 4.60 at posttest, and 24.80 ± 4.80 at follow-up). The Negative Self-Compassion scores in the experimental group decreased from 39.40 ± 5.00 at pretest to 26.60 ± 4.50 at posttest and 27.20 ± 4.70 at follow-up, compared to the control group, which remained stable (39.70 ± 5.20 at pretest, 40.00 ± 5.10 at posttest, and 39.50 ± 5.30 at follow-up). The total Self-Compassion score in the experimental group increased from 50.30 ± 9.50 at pretest to 81.60 ± 8.50 at posttest and 79.70 ± 8.90 at follow-up, while the control group showed no notable change (50.20 ± 9.90 at pretest, 50.20 ± 9.70 at posttest, and 50.30 ± 10.10 at follow-up).

To examine the effectiveness of Acceptance and Commitment Therapy (ACT) on coping strategies, cognitive emotion regulation, and self-compassion, two separate multivariate analyses of variance (MANOVA) were conducted: one comparing pretest to posttest and another comparing pretest to follow-up phases.

Pretest to Posttest Analysis: The results of the multivariate tests indicated a significant overall effect of the intervention, as evidenced by Pillai's Trace = 0.62, $F_{(3, 27)} = 13.45$, $p = 0.001$, partial $\eta^2 = 0.62$, and Wilks' Lambda = 0.38, $F_{(3, 27)} = 14.72$, $p = 0.001$, partial $\eta^2 = 0.64$. These findings suggest that the intervention had a substantial impact on the combined dependent variables. Between-subjects effects showed significant differences for Coping Strategies (total score), $F_{(1, 28)} = 12.85$, $p = 0.002$, partial $\eta^2 = 0.34$, indicating greater improvement in the experimental group compared to the control group. For Cognitive Emotion Regulation (total score), a significant effect was observed, $F_{(1, 28)} = 14.32$, $p = 0.001$, partial $\eta^2 = 0.37$, suggesting enhanced regulation in the experimental group. Similarly, Self-Compassion (total score) showed a significant difference, $F_{(1, 28)} = 18.60$, $p < 0.001$, partial $\eta^2 = 0.43$, reflecting a marked increase in the experimental group.

Pretest to Follow-up Analysis: The multivariate tests again revealed a significant overall effect of the intervention, with Pillai's Trace = 0.58, $F_{(3, 27)} = 12.10$, $p = 0.001$, partial $\eta^2 = 0.58$, and Wilks' Lambda = 0.42, $F_{(3, 27)} = 13.25$, $p = 0.001$, partial $\eta^2 = 0.62$, indicating that the intervention effects were sustained at follow-up. Between-subjects effects demonstrated a significant difference for Coping Strategies (total score), $F_{(1, 28)} = 10.75$, $p = 0.003$, partial $\eta^2 = 0.30$, suggesting that the experimental group maintained improved coping strategies compared to the control group. For Cognitive Emotion Regulation (total score), a significant effect was found, $F_{(1, 28)} = 12.18$, $p = 0.002$, partial $\eta^2 = 0.33$, indicating sustained enhancement in the experimental group. Likewise, Self-Compassion (total score) showed a significant difference, $F_{(1, 28)} = 16.90$, $p < 0.001$, partial $\eta^2 = 0.40$, demonstrating that the increase in self-compassion persisted in the experimental group at follow-up.

Table 1. Descriptive Statistics of Research Variables

Variables	Group	Pre-test (n = 15)	Post-test (n = 15)	Follow-up (n = 15)
		Mean ± SD	Mean ± SD	Mean ± SD
Coping St. (Problem-Focused)	Ex.	30.50 ± 6.50	55.75 ± 5.80	53.20 ± 6.00
	Co.	30.80 ± 6.70	31.20 ± 6.60	30.90 ± 6.80
Coping St. (Emotion-Focused)	Ex.	48.20 ± 7.00	35.60 ± 6.50	36.40 ± 6.70
	Co.	48.50 ± 7.20	48.80 ± 7.10	48.30 ± 7.30
Coping St. (Total Score)	Ex.	78.70 ± 13.50	91.35 ± 12.30	89.60 ± 12.70
	Co.	79.30 ± 13.90	80.00 ± 13.70	79.20 ± 14.10
Cognitive E. R. (Adaptive)	Ex.	45.60 ± 8.00	75.50 ± 7.20	73.10 ± 7.50
	Co.	45.90 ± 8.20	46.30 ± 8.10	45.80 ± 8.30
Cognitive E. R. (Maladaptive)	Ex.	50.40 ± 7.50	33.80 ± 6.80	34.60 ± 7.00
	Co.	50.70 ± 7.70	51.00 ± 7.60	50.50 ± 7.80
Cognitive E. R. (Total Score)	Ex.	96.00 ± 15.50	109.30 ± 14.00	107.70 ± 14.50
	Co.	96.60 ± 15.90	97.30 ± 15.70	96.30 ± 16.10
Self-Comp. (Positive)	Ex.	24.70 ± 4.50	43.20 ± 4.00	41.90 ± 4.20
	Co.	24.90 ± 4.70	25.20 ± 4.60	24.80 ± 4.80
Self-Comp. (Negative)	Ex.	39.40 ± 5.00	26.60 ± 4.50	27.20 ± 4.70
	Co.	39.70 ± 5.20	40.00 ± 5.10	39.50 ± 5.30
Self-Comp. (Total Score)	Ex.	50.30 ± 9.50	81.60 ± 8.50	79.70 ± 8.90
	Co.	50.20 ± 9.90	50.20 ± 9.70	50.30 ± 10.10

Table 2. Multivariate and Between-Subjects Effects Tests in Pre-test and Post-test

Effect	Value	F	Hyp. df	Er. df	Sig.	Partial Eta2

Pillai's Trace	0.62	13.45	3	27	0.001	0.62
Wilks' Lambda	0.38	14.72	3	27	0.001	0.64
Source	SS	df	MS	F	Sig.	Partial Eta2
Coping Strategies	1280.50	1	1280.50	12.85	0.002	0.34
Cognitive Emotion Reg.	1456.20	1	1456.20	14.32	0.001	0.37
Self-Compassion	1984.75	1	1984.75	18.60	<0.001	0.43

Table 3. Multivariate and Between-Subjects Effects Tests in Pre-test and Follow-up

Effect	Value	F	Hyp. df	Er. df	Sig.	Partial Eta2
Pillai's Trace	0.58	12.10	3	27	0.001	0.58
Wilks' Lambda	0.42	13.25	3	27	0.001	0.62
Source	SS	df	MS	F	Sig.	Partial Eta2
Coping Strategies	1050.30	1	1050.30	10.75	0.003	0.30
Cognitive Emotion Reg.	1220.50	1	1220.50	12.18	0.002	0.33
Self-Compassion	1785.60	1	1785.60	16.90	<0.001	0.40

Discussion

The present study evaluated the effectiveness of Acceptance and Commitment Therapy (ACT) in enhancing coping styles, cognitive emotion regulation, and self-compassion among Iranian girls aged 19-28 who experienced emotional failure due to romantic relationship dissolution. The results revealed that ACT significantly improved problem-focused coping, adaptive cognitive emotion regulation, and positive self-compassion while reducing emotion-focused coping, maladaptive cognitive emotion regulation, and negative self-compassion in the experimental group compared to the control group. These effects were observed from pretest to posttest and persisted at the one-month follow-up, indicating both immediate and sustained benefits of ACT for this population.

These findings resonate with and diverge from recent research exploring the efficacy of ACT and related interventions across various populations. Dourandish et al. (2022) reported that ACT significantly enhanced cognitive emotion regulation, mindfulness, and self-compassion in patients with major depression, aligning closely with the current study's outcomes (e.g., adaptive cognitive emotion regulation increased from 45.60 ± 8.00 to 75.50 ± 7.20 at posttest). This similarity likely stems from the shared focus on young Iranian women and ACT's emphasis on mindfulness, which fosters adaptive regulation in both depression and emotional failure contexts. However, their omission of coping styles, a key variable in our study, and lack of attention to cultural factors like social stigma limit their applicability to romantic distress. Similarly, Nejad Rodani et al. (2023) found that ACT reduced love trauma syndrome and increased self-compassion in unmarried Iranian girls with emotional breakdowns, mirroring the current study's improvements in self-

compassion (from 50.30 ± 9.50 to 81.60 ± 8.50). This consistency may reflect the similar demographic (unmarried Iranian girls) and ACT's acceptance-based approach, which mitigates relational distress. However, their finding that schema therapy outperformed ACT may result from its deeper focus on underlying relational schemas, unlike our ACT protocol, which prioritized psychological flexibility without comparative interventions, suggesting population-specific or design-driven differences.

Further alignment is evident with Mahmoudfakhe et al. (2023), who compared ACT and self-compassion therapy in anxious female high school students and found both interventions equally effective in increasing cognitive flexibility. While the current study did not measure cognitive flexibility directly, the significant enhancement of adaptive cognitive emotion regulation (from 45.60 ± 8.00 to 73.10 ± 7.50 at follow-up) suggests a parallel improvement in flexible emotional processing. This similarity likely arises from ACT's core mechanism of acceptance, which enhances flexible responses to emotional challenges in both anxiety and emotional failure contexts. However, their focus on younger adolescents and omission of coping styles and cultural stigma limits direct parallels with our findings among older Iranian girls facing romantic loss. In contrast, Marsa et al. (2024) compared ACT with cognitive-behavioral therapy (CBT) in women with chronic pain, finding both therapies effective in enhancing self-compassion and reducing suppressed anger. The current study's pronounced increase in positive self-compassion (from 24.70 ± 4.50 to 43.20 ± 4.00) aligns with their results. This congruence may reflect ACT's emphasis on self-kindness, which is effective across diverse distress types. However, the chronic pain context, unlike the acute relational distress of emotional failure, likely requires different emotional processing, and their inclusion of CBT, absent in our study, suggests that ACT's efficacy in our sample may be more tied to cultural resonance with Iranian girls' relational expectations.

To elucidate these findings, it is essential to consider how Acceptance and Commitment Therapy (ACT) facilitates improvements in coping styles, cognitive emotion regulation, and self-compassion through its core mechanisms. Emotional failure, as a profound psychological challenge, disrupts key adaptive mechanisms such as coping styles, cognitive emotion regulation, and self-compassion, particularly among young women navigating relational setbacks (Daştan, 2023; Rezapur & Abbasi, 2025; Soltani & Fatehizadeh, 2022). ACT's principles, including

acceptance (embracing emotions without avoidance), cognitive defusion (detaching from unhelpful thoughts), mindfulness (present-moment awareness), and value-driven action (aligning behaviors with personal values), enhance psychological flexibility, enabling effective navigation of emotional challenges. For coping styles, acceptance and value-driven action likely shifted participants from maladaptive, emotion-focused coping (e.g., avoidance) to adaptive, problem-focused coping by encouraging engagement with emotional pain and alignment with meaningful goals, a process particularly impactful in Iran where relational setbacks carry significant social stigma. In terms of cognitive emotion regulation, cognitive defusion and mindfulness reduced maladaptive strategies like rumination by helping participants detach from negative thought patterns and focus on present experiences, fostering adaptive reappraisal, which is crucial for Iranian girls facing intense relational expectations. For self-compassion, mindfulness and acceptance promoted a kinder self-view by reducing self-judgment and enhancing emotional acceptance, countering the cultural tendency to internalize shame from romantic failure. These mechanisms highlight ACT's efficacy in addressing the complex emotional and cognitive aftermath of romantic loss, offering a culturally sensitive intervention for Iranian girls.

These findings carry significant implications for clinical practice and research. The sustained effects at follow-up demonstrate that ACT alleviates immediate distress and promotes enduring resilience, particularly valuable for Iranian girls facing cultural stigma around romantic failure. By shifting from maladaptive to problem-focused coping, ACT empowers individuals to engage constructively with their emotional and social worlds, potentially reducing long-term mental health risks like depression and anxiety. This culturally sensitive approach could inform broader mental health strategies in Iran, enhancing support systems for young women. However, the study's small sample size (n = 30) and geographic limitation to Tehran's District 5 restrict generalizability, necessitating broader replication. Moreover, examining specific subscales (e.g., positive reappraisal in CERQ or mindfulness in SCS) could clarify which ACT components are most effective.

This study underscores the efficacy of Acceptance and Commitment Therapy (ACT) in enhancing coping styles, cognitive emotion regulation, and self-compassion among Iranian girls recovering from emotional failure. By leveraging acceptance and mindfulness, ACT mitigates the impacts of romantic loss in a context where cultural stigma amplifies distress. These findings highlight the

value of culturally sensitive interventions, potentially informing counseling systems in Iran to better support young women. Future research should validate these outcomes in larger samples and compare ACT against other therapies to optimize its clinical application.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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