

# The Effectiveness of Acceptance and Commitment Therapy on Marital Conflict and Emotional Divorce of Women Facing Divorce

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## Abstract

**Background:** The study focuses on the increasing rates of divorce and the need for effective therapeutic interventions to reduce marital conflict and emotional divorce. The current study aimed to evaluate the effectiveness of acceptance and commitment therapy (ACT) in reducing marital conflict and emotional divorce among women who are facing divorce and seeking services at Zanjan family counseling centers, Zanjan, Iran.

**Methods:** This quasi-experimental study was conducted in the second half of 2021. A convenience sampling method was used to recruit 20 participants from Zanjan family counseling centers, who were randomly allocated into two groups. The treatment group received ten sessions of 60 minutes twice a week (5 weeks) of acceptance and commitment therapy. The Marital Conflict Questionnaire and Emotional Divorce Scale were used as research tools to measure pretest and posttest scores. Data were analyzed using analysis of covariance in SPSS version 24 to compare the mean scores for marital conflict and emotional divorce between the treatment and control groups.

**Results:** The findings of the study revealed that acceptance and commitment therapy was effective in reducing both marital conflict and emotional divorce scores in the treatment group compared to the control group. The mean score for marital conflict decreased significantly from  $172.50 \pm 18.23$  to  $147.25 \pm 15.68$  in the treatment group ( $P < 0.001$ ), while the control group showed no significant changes. The mean score for emotional divorce also decreased significantly from  $2.35 \pm 16$  to  $1.93 \pm 12$  in the treatment group ( $P < 0.001$ ), while the control group again showed no significant changes.

**Conclusion:** This research demonstrated that acceptance and commitment therapy is an effective psychotherapy for reducing marital conflict and emotional divorce in women at risk of divorce who referred to family counseling centers. The findings of this study have practical implications for counseling settings.

**Keywords:** Acceptance and commitment therapy, Divorce, Family conflict, Women

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## 1. Introduction

The number of divorces increases annually, and the average length of marriage in registered divorces is ten years (1-3). Despite being one of the most fundamental social institutions, the family's quality determines the future of society. It is the men and women who make up the families who determine its quality, and their mental and emotional well-being plays a crucial role. A family's quality is dependent on the provision of mutual needs, such as peace, sexual fulfillment, the survival of the generation, and personal and social development, which bring men and women together. A marriage's quality declines if these needs are not met, and the most critical pillar of the marriage, love and affection between spouses, fades away. As a result, the couple's life becomes cold and

continues in this manner until the conditions for an absolute divorce arise. This state is referred to as emotional divorce (4).

Emotional divorce is a phenomenon in which the love, companionship, and friendship between a man and a woman fade away. They continue to live together under the same roof but without asking for a legal divorce. Their communication becomes broken or without the desire for satisfaction, and they simply go through the motions of family life (5, 6). Marital commitment is defined as the intention to stay in a relationship and envision a shared future with a spouse. It has three dimensions including commitment to the spouse, commitment to the marriage, and social restrictions in marriage. Emotional divorce occurs when the commitment to the spouse as a loving and satisfying person

reaches its minimum, and the feeling of being stuck in the marriage due to high costs of divorce, joint property, children, is maximized. Therefore, it can be said that emotional divorce is never a unique phenomenon because social conditions play a significant role in it (7).

Couples who can manage conflicts in their relationship using positive methods and fewer negative interactions will create an environment with more opportunities for self-disclosure and agreement on family problems (7). Conflict in marital relationships arises when couples have different levels of independence and solidarity in cooperation and joint decision-making. It is essential to understand conflicts and help spouses learn to solve these problems. Some disagreements and inconsistencies may be expected in any relationship (8). However, conflict is possible for every human being, and some couples have more disagreements, while others can deal with conflicts constructively. Couples who are more closed than others are more likely to find satisfaction in their relationships, and therefore, they have the possibility of more competition. Conflict can destroy love and even a good marriage (9).

Marital conflicts have two origins including the imbalance of the family structure and the non-adherence of each couple to norms and their violation. Meanwhile, several approaches have been proposed to treat family problems, including reducing emotional divorce, marital burnout, and marital conflict, which can be referred to as treatment based on ACT (10, 11).

ACT was developed in the late 1980s from behaviorist approaches. This therapy is rooted in behaviorism but is analyzed through cognitive processes (12, 13). Integrating acceptance and mindfulness interventions into commitment and change strategies, it helps clients to live a vibrant, purposeful, and meaningful life. Unlike classical cognitive-behavioral therapy approaches, the goal of ACT is not to change the form or frequency of disturbing thoughts and feelings. Instead, its primary purpose is to strengthen psychological flexibility. Psychological flexibility means the ability to be in touch with the moments of life and change or stabilize behavior, a behavior that is in line with the individual's values according to the requirements of the situation. In other words, it helps people live a more rewarding life, even with unpleasant thoughts,

emotions, and feelings (14, 15).

Studies have shown that ACT can be beneficial for women after divorce. Saadati and colleagues conducted a study that demonstrated that ACT can promote post-divorce adjustment (16). Additionally, Abosaidi Moghadam and colleagues showed that since ACT emphasizes values, it can lead to a decrease in feelings of loneliness, guilt, and shame in women seeking divorce, and thus can be used to alleviate the loss caused by divorce (17).

Despite scattered studies on the factors that affect divorce, no intervention study has been conducted in the country to determine the effects of ACT on reducing emotional divorce and marital conflict. Therefore, the recent research aimed to answer whether the effectiveness of ACT in reducing marital conflict and emotional divorce applies to the Zanjan family counseling centers, Zanjan, Iran.

## 2. Methods

This quasi-experimental study, comprising of one control and one treatment group, was conducted in Zanjan, Iran during the second half of 2021.

### 2.1. Participants, Sample Size Calculation, and Sampling Method

The participants were all women referred to counseling centers (under the supervision of the welfare organization) in Zanjan city, selected using a convenience sampling method. G\*Power version 3.1 was employed to calculate the sample size, with both marital conflict and emotional divorce being used as outcome variables. The larger sample size was obtained based on the study by Ghahari and co-workers (18) for the marital conflict variable ( $\mu_1=97.86$ ,  $\mu_2=137.07$ ,  $SD_1=5.39$ ,  $SD_2=7.63$ ) at a power of 95%, two-tailed  $\alpha$  of 0.05. Three participants per group were calculated. However, considering the potential for participant dropouts, 10 participants were included in each group using a simple random allocation method with a random number table. The inclusion criteria required participants to reside in Zanjan city during the study, have a willingness to participate in the research, experience at least three years of cohabitation, display emotional divorce and marital conflict, have at least a high school diploma, not intend to refer to

judicial authorities, have the consent of spouses to participate in the study. Exclusion criteria included a diagnosis of bipolar disorder, schizophrenia, and schizoaffective disorder, a history of psychiatric disorders using DSM-IV, previous psychological interventions, receiving psychotherapy or drug therapy simultaneously with education, having an addiction, and absence from sessions for more than two sessions.

## 2.2. Procedure

To implement the study, a list of women who had mild to moderate conflict in the first stage of the research was extracted and contacted. A questionnaire and data coding method were used in all stages to prevent contamination of the participants. Furthermore, all inclusion and exclusion criteria were met during the early stages of screening, and after the final selection of the two groups of treatment and control, there was no sample loss.

If the participants met the inclusion criteria, the study objectives, number, and specifications of the training sessions were presented, and they were invited to participate in the training intervention. A trained clinical psychologist provided the educational intervention. Initially, a pretest was conducted, and the participants completed

the marital conflict and emotional divorce questionnaires. The intervention consisted of ten 60-minute training sessions, two sessions per week, designed and implemented to enable couples to reduce marital conflicts based on the ACT protocol (Table 1). These ten meetings were held publicly for all participants. Individual counseling sessions were also provided for those who required and desired special counseling, ranging from 1 to 4 sessions. All sessions were recorded, and a CD containing educational films and slides was provided to the participants at the end. Upon completion of the educational intervention, the participants were asked to complete the questionnaires again. The data collection tool in this study consisted of three parts including demographic characteristics, including age, sex, level of education, occupation, number of members, and household income, the Persian version of the Marital Conflict Questionnaire, and the Persian version of the Emotional Divorce Questionnaire.

To comply with ethical standards, all participants entered the study voluntarily, and an educational intervention was conducted after obtaining informed consent from them. Participants could withdraw from the intervention at any point during each part of the study. Additionally, the participants were assured that their names and identities would not be revealed anywhere in the research, and their

**Table 1:** Acceptance and commitment therapy protocol

Session	Modules	Intervention
1	Course introduction and participants	Familiarizing students with the course and other members of the group and distributing information brochures
2	Module 1. Introduction and treatment session agenda	Establishing a therapeutic relationship, talking about treatment and its goals
3	Module 2. Behavior changes and mindfulness	Investigating self-control methods by clients, teaching the concept of creative helplessness, well metaphor, introducing the hungry tiger metaphor, eating with attention and awareness, receiving feedback, and presenting assignments
4	Module 3. Values	They are introducing control as a problem, teaching about the inner and outer world, teaching about behavioral commitment, teaching the polygraph metaphor, receiving feedback, and giving assignments.
5	Module 4. Clarification of values and goals	Continuing control as an issue, the two-scale metaphor for creating desire, guest metaphor, referring to feeling clean and unclean, receiving feedback, and giving assignments.
6	Module 5. Dissociation	Making mistakes, teaching the metaphor of numbers and buses, examining unpleasant thoughts as reality, behavioral commitments, receiving feedback, and giving assignments.
7	Module 6. Committed Action	self as a background (talking about me and me as an observer), examining values, examining the value description form, practicing values, receiving feedback, and presenting assignments
8	Module 7. Committed Action	Continue self as context, continue talking about yourself by saying the chess metaphor, chocolate cake exercise, mental polarity exercise, and jump exercise, examining values, receiving feedback, and presenting assignments.
9	Module 8. Consent	Evaluating commitment to action, bubble and seedling metaphor, teaching content practice on the card, evaluating commitment to action
10	Summary of meetings	Summary of treatment sessions

data would remain confidential. After completing the intervention and the posttest phase, all participants completed the questionnaires again.

### 2.3. Tools

#### 2.3.1. SCID-I (Structured Clinical Interview for DSM-IV Axis I Disorders)

The SCID-I is a structured clinical interview that is conducted by a psychologist who is familiar with this interview. This interview includes specific questions for screening and diagnosing disorders. The questions are selected from DSM-5 diagnostic criteria, and their clinical version is used. The SCID-I is designed as a document for use by researchers and practitioners. The American Psychiatric Association published the final version of the SCID-I based on DSM-5 in 2013, and in Iran, Shooshtari and colleagues translated the English version of this tool into Farsi (19). The Cronbach alpha was reported to be  $\alpha=0.93$ , and validity was 0.85.

The SCID-I has strong face validity as it appears to measure the presence or absence of Axis I psychiatric disorders based on its structured interview format and DSM-IV criteria. It also has high content validity because it covers all major Axis I disorders as defined in the DSM-IV. The SCID-I has a comprehensive list of questions that assess the symptoms and criteria for each disorder. The SCID-I has high construct validity as it is strongly correlated with other measures of psychiatric diagnoses, indicating that it accurately measures the constructs it is intended to measure.

Moreover, the SCID-I has been extensively studied for its validity. For example, a study by Zimmerman and Morgan examined the validity of the SCID-I in diagnosing major depressive disorder (MDD) and bipolar disorder (BD). They found that the SCID-I had high sensitivity and specificity for detecting MDD and BD, and that it was more accurate than clinical diagnoses made by experienced clinicians (20). Shabani and colleagues (21) used the SCID-I to assess the prevalence of psychiatric disorders in a large sample of older adults, finding that the SCID-I had good reliability and validity in accurately identifying the presence or absence of psychiatric disorders. Lobbestael and co-workers (22) also used the SCID-I to assess the prevalence of psychiatric disorders in a sample of Icelandic university

students, and similarly found that the SCID-I had good reliability and validity in accurately identifying the presence or absence of psychiatric disorders in this population.

Overall, these studies provide strong evidence for the validity and reliability of the SCID-I instrument in assessing the presence of psychiatric disorders across a variety of populations and contexts.

#### 2.3.2. Marital Conflict Questionnaire (MCQ)

This Questionnaire developed by Sanai and colleagues in Iran to measure conflict in couples' relationships (23). It consists of 42 questions, including seven dimensions of marital conflict including decreased cooperation, decreased sexual relations, increased emotional reactions, increased obtaining support for children. Relationships with one's relatives are growing, while relationships with the spouse's relatives are declining and so the financial affairs are separating. This questionnaire measures couples' conflicts on four levels including no conflict (42 to 70), standard or mild conflict (70 to 114), more than usual or moderate conflict (115 to 134), and very severe conflict (above 135) (24).

The reliability of the questionnaire was measured by Cronbach's alpha, and it was reported as 0.69, while the content validity was reported as favorable (25). The MCQ has good face validity since it appears to measure the presence and intensity of marital conflicts based on the questions included in the questionnaire. Moreover, it has high content validity as it covers a wide range of potential areas of conflict in marriage, including communication, intimacy, finances, and parenting.

The MCQ also has good construct validity as it is strongly correlated with other measures of marital conflict and distress, indicating that it accurately measures the construct it is intended to measure. The MCQ has been studied for its validity in several studies. For example, a study by Bodenman and colleagues examined the validity of the MCQ in assessing marital conflict in a sample of Swiss couples. They found that the MCQ had high internal consistency and convergent validity with other measures of marital distress, such as the Dyadic Adjustment Scale and the Conflict Resolution Styles Inventory (26).

Another study conducted by Parseh and colleagues (27) used the MCQ to measure marital conflict in a sample of Iranian couples. They found that the MCQ had good construct validity and was able to distinguish between couples with high levels of marital conflict and those with low levels of marital conflict. Dousti and colleagues (28) used the MCQ to measure marital conflict in a sample of Iranian couples and found that the MCQ had good internal consistency and was able to predict marital satisfaction and divorce rates. Similarly, a study conducted by Ghahari and co-workers (18) used the MCQ to measure marital conflict in a sample of Iranian couples, and they found that the MCQ had good reliability and validity and was able to predict marital conflict rates.

### 2.3.3. Gutman Emotional Divorce Scale

This scale consists of 24 statements about different aspects of life that a person may agree or disagree with. The statements must be answered with a yes or no response. After summing the statements together, the minimum and maximum score of the individual on the whole scale is 0 and 24, respectively. With a score between 0 and 8, the possibility of separation in life is weak. A score between 8 and 16 indicates a medium probability of separation, while a score above 16 suggests a high probability of separation. Therefore, high scores on this scale indicate that emotional divorce is more likely.

In a study, Cronbach's alpha was reported as 0.83 for the reliability of the questionnaire, and the content validity was reported as favorable (29). Additionally, the content and form verification were evaluated and confirmed by five experienced professors in this field. This resulted in a 63-sentence form of the emotional divorce assessment test with five Likert scale options. The relevant professors were asked to provide scores of 1 to 5 for each question based on how much that question evaluates emotional divorce.

The Gutman Emotional Divorce Scale has good face validity as it appears to measure the emotional and psychological impact of divorce on individuals. It also has high content validity as it covers a wide range of potential emotional and psychological responses to divorce, including feelings of anger, depression, loss, and stress. Finally, the Gutman Emotional Divorce Scale has

good construct validity as it is strongly correlated with other measures of divorce-related emotional and psychological distress, indicating that it accurately measures the intended construct.

The Gutman Emotional Divorce Scale has also been studied for its validity. For example, a study by Kalmijn and Monden examined the validity of the scale in a sample of Dutch adults who had experienced divorce. They found that the scale had high internal consistency and convergent validity with other measures of emotional and psychological distress related to divorce, such as depression, anxiety, and loneliness (30). Mirzadeh Koochshahi and colleagues (31) used the EDS to measure emotional disengagement in a total of 400 married individuals living in the east part of Tehran City, Iran. They found that the EDS had good internal consistency and validity and was able to distinguish between couples with high levels of emotional divorce and those with low levels of emotional disengagement. Additionally, Zareh Zardini and colleagues (32) used the EDS to measure emotional detachment in a sample of Iranian married couples and found that the EDS had good reliability and validity and was able to distinguish between couples with high levels of emotional detachment and those with low levels of emotional detachment.

Overall, these studies provided evidence for the validity of the Gutman Emotional Divorce Scale and suggested that it can be useful for research and clinical practice in its respective areas of focus.

### 2.4. Statistical Analysis

The data analysis for this research was conducted on two levels - descriptive and inferential - using SPSS software version 24. Normality tests, including the Kolmogorov-Smirnov test and Skewness and Kurtosis tests, were performed before analyzing the data. Independent t-tests and paired t-tests were utilized to examine the research hypotheses.

## 3. Results

The study consisted of 20 women who were facing divorce and experiencing marital conflict and emotional distress. The participants were randomly assigned into either the experimental group (n=10) or the control group (n=10). The inclusion criteria required participants to be

female, married, experiencing marital conflict and emotional distress related to the divorce process, and have no history of mental illness. The exclusion criteria included having a history of severe mental illness or currently being in therapy. The mean age of the participants was 30.75 years old (SD=4.5). The majority of participants had a Bachelor's degree or diploma (n=15), and the average length of marriage was 8 years (SD=2.3). No significant differences were found between the experimental and control groups in terms of demographic characteristics (Table 2).

Table 3 provides information on the pretest and posttest means for marital conflict and emotional divorce for the treatment and control groups, as well as the results of within-group and between-group t-tests.

For the marital conflict variable, the treatment group had a pretest mean of 172.50±18.23 and a posttest mean of 147.25±15.68, while the control group had a pretest mean of 170.19±19.60 and a posttest mean of 169.20±19.10. The within-group t-test for the treatment group showed a significant decrease in marital conflict from pretest to posttest (t=-6.56, P<0.001), while the between-group t-test showed a significant difference between the treatment and control groups in the change in marital conflict (t=-2.60, P=0.018).

For the emotional divorce variable, the treatment group had a pretest mean of 16±2.35 and

a posttest mean of 12±1.93, while the control group had a pretest mean of 16.67±1.13 and a posttest mean of 16.92±2.08. The within-group t-test for the treatment group showed a significant decrease in emotional divorce from pretest to posttest (t=-7.58, P<0.001), while the between-group t-test showed a significant difference between the treatment and control groups in the change in emotional divorce (t=-4.06, P<0.001).

Figure 1 depicts the comparison of pretest and posttest scores for marital conflict and emotional divorce in the ACT group. The study examined the effectiveness of ACT as a psychotherapy approach in reducing these relational challenges.

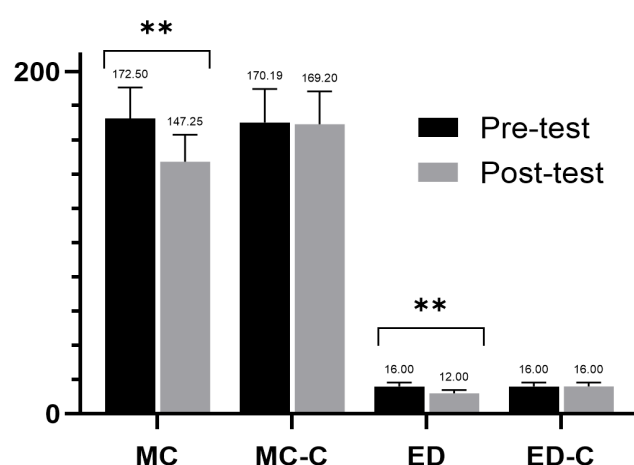


Figure 1: The figure shows the pretest and posttest comparison of marital conflict and emotional divorce scores in the experimental and control groups. MC: Marital conflict (experimental group); MC-C: Marital conflict (control group), emotional divorce (experimental group); ED-C: Emotional divorce (control group)

Table 2: Demographic information of the research units

Variables		Groups/No. (%)		P
		Treatment	Control	
Age (y)	20-25	2 (20)	2 (20)	0.776
	26-30	3 (30)	2 (20)	
	31-35	3 (30)	3 (30)	
	36-40	1 (10)	1 (10)	
	41-45	1 (10)	2 (20)	
Educational level	Diploma	4 (40)	3 (30)	0.474
	BA	4 (40)	4 (40)	
	MA	2 (20)	3 (30)	

Table 3: Pre and posttest comparison of marital conflict and emotional divorce for treatment and control groups

Variable	Group	n	Pretest (M±SD)	Posttest (M±SD)	Within Group			Between Group		
					t	df	P	t	df	P
Marital Conflict	Treatment	10	172.50±18.23	147.25±15.68	-6.56	9	<0.001	-2.60	18	0.018
	Control	10	170.19±19.60	169.20±19.10	-0.33	9	0.749			
Emotional Divorce	Treatment	10	16±2.35	12±1.93	-7.58	9	<0.001	-4.06	18	<0.001
	Control	10	16.67±1.13	16.92±2.08	0.94	9	0.368			

The pretest scores represented the initial levels of marital conflict and emotional divorce measured before the ACT intervention, while the posttest scores indicated the levels after the completion of the therapy. The results showed a significant reduction in both marital conflict and emotional divorce scores.

#### 4. Discussion

The main findings of the study indicated that Acceptance and Commitment Therapy (ACT) was effective in reducing both marital conflict and emotional divorce among women facing divorce. The treatment group showed significant decreases in both variables from pretest to posttest, while the control group did not exhibit significant changes. Furthermore, the between-group analysis demonstrated that the treatment group had significantly greater improvements compared to the control group in terms of both marital conflict and emotional divorce.

These findings provided support for the effectiveness of ACT as an intervention for women experiencing marital conflict and emotional distress during the divorce process. The observed reduction in marital conflict suggested that ACT helped participants improve their communication skills, emotional regulation, and problem-solving abilities within their marital relationships. By targeting these areas, ACT may have contributed to a greater understanding and acceptance of each other's perspectives, leading to reduced conflict and increased harmony.

The decrease in emotional divorce among the treatment group suggested that ACT facilitated emotional healing and prevented disengagement from the relationship. ACT may have helped participants cope with the emotional challenges associated with divorce, such as grief, anger, and anxiety, by fostering acceptance of difficult emotions and encouraging active engagement in valued activities. This increased emotional resilience may have contributed to a greater sense of connection and investment in the relationship, leading to a reduction in emotional divorce. The mechanisms discussed, including enhanced communication skills, emotional regulation, values alignment, and acceptance of difficult emotions, provide potential explanations for these positive outcomes.

In line with the results of this study, Siahpoosh and GolestaniBakht (33) in their study on 38 divorced women showed that ACT could increase psychological flexibility and emotion regulation. In another study by Aalami and colleagues (34), it was shown that ACT could be an effective therapy for marital conflicts and divorce tendencies in divorce applicant couples. In explaining the effectiveness of the treatment based on acceptance and commitment to the emotional divorce of couples, it can be said that this treatment seems to have a positive effect on creating insight, recognition, and changing the attitude of couples on the threshold of divorce over time. In this research, by guiding the couples to increase their cognitive flexibility, recognize their thoughts, and apply the necessary training, they were encouraged to identify and replace inefficient thoughts and replace them with balanced and efficient thoughts, as well as change the perception of their own and their spouse's feelings. A step was taken towards achieving these goals.

The primary goal of ACT is based on acceptance and commitment to create cognitive flexibility. This means choosing the best action without being influenced by factors such as tendencies, avoidant thoughts, and disturbing emotions. The advantage of treatment based on acceptance and commitment, compared to other psychotherapy methods, is its focus on motivational and emotional aspects in addition to cognitive elements. This can increase the effectiveness of the treatment and bring more long-term therapeutic effects. In the treatment process based on acceptance and commitment, a person's attention and action will likely be directed towards committed efforts and the value of life (35).

From this point of view, when couples enter this therapy, the focus of treatment based on acceptance and commitment is the gradual resolution of marital conflicts and emotional problems created due to the inability to overcome the avoidance of experience and psychological inflexibility. This can increase couples' attitudes and levels of satisfaction with their spouse's characteristics, marital relationship, conflict resolution, leisure activities, sexual relationship, family and children affairs, religious orientation, marital satisfaction, and mental health. Another explanation for the effectiveness of therapy based on acceptance and commitment for the emotional divorce of couples is related to the potential ability of this therapy to increase cognitive flexibility in the long term. Based

on this, research conducted in this field stated that many marital conflicts and dissatisfactions are caused by behavioral inflexibility in couples with each other. Increasing psychological flexibility is considered a goal and a stable result for acceptance and commitment therapy, theoretically and research-wise (36).

In many cases, traumatic conflicts related to couples' relationships lead to a decrease in the level of emotions, and inflexible negative behaviors are very prominent. These negative beliefs in oneself and one's spouse undoubtedly act as a factor resistant to change and reduce the level of psychological flexibility, causing emotional divorce among couples (37). Acceptance and commitment-based treatment emphasizing cognitive flexibility enhances this aspect in couples and fosters vitality in their marital life.

This study also showed that ACT is an effective therapy to reduce marital conflict. In line with these results, Akhavan Gholami and Hayati showed that ACT is effective in many dimensions of marital problems, including dissolving opposition beliefs and invariability in a spouse (38). In explaining this finding, it should be said that this treatment, by integrating acceptance and mindfulness interventions into commitment and change strategies, helps patients achieve a lively, purposeful, and meaningful life. Unlike classical cognitive-behavioral therapy approaches, the goal of ACT is not to change the form or frequency of disturbing thoughts and feelings; rather, its primary purpose is to strengthen psychological flexibility. Training focused on inner experiences, mindfulness, acceptance, and living in the moment can contribute to establishing a healthy, two-way, and effective marital relationship that supports personal growth and prosperity. This training can slow down and reduce the creation or continuation of destructive and negative feelings during the marriage relationship. Additionally, it helps couples resolve conflicts and solve marital problems, avoid relationships that lead to failure, reduce disappointment, anger, unworthiness, depression, and failure, and increase the sense of empathy and a better understanding of the needs and desires of the spouse. This training increases the desire to continue the marital relationship and ultimately helps reduce tensions and frustrations (39).

It can be stated that this treatment aimed to reduce the effort for internal control and experiential avoidance, increase behavior control and the desire to experience a wide range of emotions. In the present study, it was able to lead to the reduction of marital conflict in the research subjects. Through the process of acceptance, this treatment helped couples to develop a receptive attitude towards themselves and their spouses, and to stop struggling to control, change, and judge their partners. By changing the way, they respond to the challenges that arise, marital conflict is resolved, reducing conflict among these couples (40). The main focus of this treatment is on accepting the mental experiences, thoughts, and feelings related to each of the conflicting couples, leading to a reduction of actions previously carried out by the couple in the direction of control, and an increase in acceptance towards the characteristics of themselves and their spouses (41). This approach enables couples to move towards a life full of acceptance and empathy, accepting and effectively controlling the pains, sufferings, and tensions they face in their life and marital relationship, thus increasing marital satisfaction (42).

#### *4.1. Limitations*

The current research was conducted during the COVID-19 pandemic; therefore, accessing patients was challenging, and some were excluded from the study due to concerns about infection. Additionally, it was not possible to follow up with all participants. The small sample size makes it difficult to generalize the results, and potential confounding variables were not controlled in this study. We recommend that this research be conducted in different regions and cultures. Future research should also investigate this therapy with a larger sample size and in diverse cultural contexts. Furthermore, it is necessary to compare this approach with other psychotherapy models to determine the most effective therapy. Future research should focus on optimizing the therapy and increasing its effectiveness.

#### **5. Conclusion**

The results of this study provide evidence supporting the effectiveness of Acceptance and Commitment Therapy (ACT) as a valuable psychotherapy approach for reducing marital conflict and emotional divorce. The findings of this



research hold potential significance for marriage counseling centers, suggesting that incorporating ACT techniques into their interventions may yield positive outcomes in addressing and mitigating these relational challenges.

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### Ethical Approval

The study was approved by the ethics committee of the Islamic Azad University of Tabriz, Iran with the code of IR.IAU.TABRIZ.REC.1400.096. In this research, the ethical considerations related to the subjects were observed. These considerations were as follows: 1) Written informed consent was received from the participants before the study began. 2) Before starting the study, the subjects were informed about the topic and the study method. 3) The researcher undertook to protect the private and personal information of the subjects. 4) The obtained results were interpreted for the subjects. 5) The subjects were given the necessary instructions to complete the questionnaire. 6) Participation in this study did not entail any financial burden for the participants, and 7) this research did not have any contradictions with the religious and cultural standards of the subject and society.

**Conflict of Interest:** None declared.

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