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Effectiveness of Acceptance and Commitment Therapy on the Marital Satisfaction and Sexual Performance in Couples with Emotional Divorce

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ABSTRACT

Objective: The purpose of this study was to examine the impact of acceptance and commitment therapy on marital satisfaction and sexual performance in couples experiencing emotional divorce.

Methods: The participants in this research consisted of couples seeking medical assistance in Yazd city. A sample of 30 individuals was selected using an accessible sampling method and divided into two groups: an experimental group and a control group. The experimental group underwent eight treatment sessions based on acceptance and commitment therapy. Data were collected using a questionnaire that measured marital satisfaction and sexual performance.

Results: Analysis of the data using covariance analysis revealed that therapy based on acceptance and commitment had a significant impact on reducing marital dissatisfaction and enhancing sexual performance in couples experiencing emotional divorce.

Conclusions: The findings of this study suggest that third wave treatments, such as acceptance and commitment therapy, can positively influence emotional well-being and relationship dynamics due to their educational and experiential nature.

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Introduction

Marriage has always been regarded as the highest social custom for fulfilling the emotional and security needs of adults and as a prelude to family formation (Ramazani et al., 2021). However, married life is not without its challenges. Emotional divorce can occur at any time and is strongly influenced by the conditions and dynamics of the couple's emotional relationship. Some individuals may encounter emotional difficulties early on in their married life and choose to divorce, while others may make this decision years later due to changes in their emotional connection. Therefore, it is crucial for couples to prioritize their relationship and emotional bond throughout every stage of their shared life, promptly identifying and resolving issues that arise (Tahri & Ali Akbari Dehkordi, 2019).

Sexual and marital satisfaction refers to the overall happiness and contentment that husbands and wives experience in their relationship, which is fostered through sexual compatibility. Compatible couples are those who share agreement, satisfaction with the nature and level of their relationship, and the quality of their leisure time, as well as effectively planning for their financial matters. Cultural values may diminish between spouses (Rolo et al., 2021).

Marital satisfaction holds immense significance in individuals' lives, families, and society as a whole. When present, marital satisfaction allows couples to find peace in their lives and families, positively influencing the upbringing of children. Conversely, the absence of marital satisfaction gives rise to numerous problems and conflicts, sometimes even leading couples to consider divorce (Yegane Fard et al., 2022).

In essence, the quality of marital relationships holds greater importance than the institution of marriage itself. Marital relationships encompass various aspects such as compatibility, satisfaction, happiness, and commitment between couples (Sanford, 2016). One of the common indicators used to assess the level of happiness and stability in marital relationships is marital satisfaction, which provides a comprehensive evaluation of the current state of the couple's bond (Najjarzadegan & Farhadi, 2018). Marital satisfaction is of utmost importance as it influences multiple factors, including individual mental health, compromise, conflict resolution within couples (Tehrani Azad & Mojtabaei, 2018), and emotional regulation (Daman Kashan & Sheikh al-Islami, 2018). Hence, fostering marital satisfaction is highly significant due to its wide-ranging impact on various aspects.

Several psychological treatments have been developed over the years to address psychological problems. The initial psychoanalytical approach was opposed by the first generation of behavioral approaches, which emerged in the 1950s and 1960s and were based on classical and causal conditional perspectives. The second generation, known as cognitive-behavioral therapy, emerged until the 1990s and placed more emphasis on cognitive aspects, such as beliefs, cognitions, schemas, and information processing systems as contributors to mental disorders. It emphasized the need to change or adjust these cognitive factors using different techniques or eliminate them altogether (Tabrizi et al., 2019). More recently, there have been discussions surrounding therapeutic methods that incorporate mindfulness and context. These treatments, known as the third wave of behavioral therapy, focus on accepting beliefs rather than challenging them. They emphasize mindfulness, cognitive dissonance, describing thoughts and feelings without attributing meaning to them, living according to personal values, and embracing personal spirituality. These treatments aim to reduce symptoms and promote more flexible and consistent responses to internal stimuli (Hayes, 2013). Instead of altering cognitions, this approach seeks to enhance the psychological connection between individuals and their thoughts and feelings (Hays, 2010). Research has demonstrated the effectiveness of acceptance and commitment therapy in addressing social phobia (Othman et al., 2006), enhancing psychological flexibility (Kohi et al., 2019), and improving emotional cognitive regulation (Mohammadi et al., 2015). Therefore, the present study aims to investigate the impact of acceptance and commitment therapy on levels of marital dissatisfaction and sexual performance in couples experiencing emotional divorce.

Materials and Methods

The current research, according to the subject matter, can be categorized as semi-experimental. When considering experimental research as a whole (experimental and semi-experimental), it can be stated that this type of research investigates the impact of one or more independent variables on one or more dependent variables. By manipulating these variables, valuable insights into causal relationships can be attained. The research conducted in this study involved a sample size of 30 couples, who were then randomly assigned to either the experimental or control group, with 15 individuals in each group. Subsequently, the data was analyzed using the statistical technique of

analysis of covariance. To obtain data, marital satisfaction questionnaire and training sessions were used for the experimental group.

Marital Satisfaction Questionnaire: The Enrich Marital Satisfaction Questionnaire, whose 47-question form was prepared by Olson (1998). This tool is considered as five options (which is basically a Likert-type attitude scale) (completely agree, agree, neither agree nor disagree, disagree, completely disagree), each of which is given one to five points. This scale is the satisfaction and adaptation of people with 10 aspects of marital relationship including: personality issues, marital relationship, conflict resolution, financial management, leisure activities, sexual relations, marriage and children, relatives and friends, egalitarian roles and religious orientation. measures A high score indicates high marital satisfaction. The Enrich Couple Questionnaire was administered by David Elson and Amy Elson in 2000 to 25,501 married couples. The alpha coefficient of the questionnaire for the subscales of marital satisfaction, communication, conflict resolution and ideal distortion are respectively: 86%, 84%, 83% and the retest validity of the questionnaire for each test is 86%, 81%, 90% respectively. % was 92% and the alpha coefficient of the questionnaire in Asoodeh research (2010) with the number of 365 couples was equal to 68% (by removing question 24) the alpha becomes 78%), 78%, 62% and 77% respectively. This questionnaire has 4 separate scores, and a total score is calculated for the sum of the items of each scale. Raw scores are converted to percentages.

Scoring method: The questionnaire is in the form of five options (which is basically a Likert-type attitude meter). This questionnaire has five options for each of the items: I completely agree, I agree, neither agree nor disagree, I disagree, and I completely disagree, for which a score of 1 to 5 is assigned. In these questions, a score of 1 is given to the phrase I completely agree, and a score of 5 is given to the phrase I completely disagree.

Rosen Women's Sexual Performance Questionnaire: The Women's Sexual Performance Questionnaire was designed and validated by Rosen et al. (1997). This questionnaire includes 19 closed-ended items based on a five-point Likert spectrum. This questionnaire measures sexual performance in 6 areas of sexual desire. It measures arousal, slipperiness, pain, orgasm, and sexual satisfaction. This questionnaire has been validated by Al-Bariqi Irani (2012). To investigate sexual dysfunction, the following criteria are included: more than ten severe dysfunctions, moderate dysfunction between 11 and 17, mild dysfunction between 18 and 23, and scores less than 23

indicators are considered without disorder. Also, a score of less than 65% of the total score for each area is considered as a dysfunction in that area (Safarinejad, 2006). The analysis of this questionnaire can be used in two ways: a: analysis based on the components of the questionnaire b: analysis based on the score obtained. The reliability of its different parts is reported with $r=0.79$ to 0.86 and the agreement coefficient based on Cronbach's alpha is 0.82 (Rosen et al., 1997). In Iranian research (2012), the reliability of the questionnaire was reported based on Cronbach's alpha coefficient of 0.86. The validity of the questionnaire was confirmed in the research of Rosen et al. (1997) through factor analysis. In the Iranian study (2012) to obtain the validity of the questionnaire, the opinions of the supervisor and several other professors and experts were used. They will be consulted and approved about the relevance of the questions, the clarity and comprehensibility of the questions, and whether these questions are appropriate for and measure the research questions.

Table 1. Treatment sessions based on acceptance and commitment therapy

Session	Contents
First session	Acquaintance and introduction of treatment methods and rules, examination of the inner and outer world in the treatment of acceptance and commitment, creating a desire to leave dysfunctional behavior
second session	Identifying people's values, specifying values, specifying goals, specifying actions, and specifying obstacles.
third session	Changing and understanding that control is the problem, not the solution, and introducing an alternative to control, that is, desire.
fourth Session	Checking the currencies of each person. Observation of thoughts
fifth meeting	Choice of direction of values
The sixth session	The concept of self-adherence is conceptualized
The seventh session	Mindfulness and emphasis on being in the present
The eighth session	Developing the observer's point of view and comparing their own reactions

Results

After making sure that the assumptions of covariance analysis were not violated, the research hypotheses were examined using ANOVA and MANCOVA analysis methods.

Hypothesis 1: Treatment based on acceptance and commitment has an effect on marital satisfaction.

To investigate this hypothesis on marital satisfaction, one-way covariance analysis was used, and the results of this analysis are presented in Table 2.

Table 2. The results of one-way covariance analysis on the scores of marital satisfaction

Variable	Source	SS	DF	MS	F	P	Effect size
Marital satisfaction	Pretest	1651.33	1	1651.33	35.85	0.001	0.57
	Group	17427.28	1	17427.28	378.36	0.001	0.73
	Error	1243.59	27	46.05			

As shown in Table 2, by controlling the effect of the auxiliary variable (pre-test) on the dependent variable, there is a significant difference between the two groups in terms of marital satisfaction (significant value less than 0.05), or in other words, the treatment based on acceptance and Commitment has an effect on improving marital satisfaction. Table 1 shows the average post-test and pre-test values of marital satisfaction in the control and experimental groups (therapy based on acceptance and commitment). This indicates that the treatment based on acceptance and commitment has been able to give marital satisfaction and has caused a significant increase in the marital satisfaction of these people in the experimental group. On the other hand, due to the fact that the Eta squared value for the group is equal to 0.73, it can be said that 73% of the total variance and dispersion of the marital satisfaction variable is explained by the effects of the group.

Hypothesis 2: The treatment based on acceptance and commitment has an effect on the level of sexual performance.

One-way covariance analysis was used to investigate this hypothesis on sexual performance, and the results of this analysis are presented in Table 3.

Table 3. The results of one-way covariance analysis on the scores of sexual performance

Variable	Source	SS	DF	MS	F	P	Effect size
Sexual performance	Group	3160.793	1	3160.793	11.54	0.001	0.30
	Error	۱۱۲۸۶/۶۶۷	۲۹	-	-	-	-

Considering the establishment of test assumptions, the analysis of covariance test results was investigated. The results of the test in the section between subjects in Table 3 show that the main effects of the group (experiment and control group) in communication skills are significant ($\eta=0.300$; $p\text{-value} < 0.05$, $F=11.54$); That is, the averages of the sexual performance scores in the experimental group and the control group show a significant difference. Also, the Eta coefficient

shows that 0.30% of the changes in the mental health score are related to the training that was given to the research participants through treatment.

Discussion

The results of the research show that the treatment based on acceptance and commitment has been able to give marital satisfaction and has caused a significant increase in the marital satisfaction of these people in the experimental group. On the other hand, due to the fact that the eta squared value for the group is equal to 0.73, it can be said that 73% of the total variance and dispersion of the marital satisfaction variable is explained by the effects of the group. Also, the eta coefficient shows that 0.30% of the changes in the sexual performance score are related to the training that was given to the participants in the research through treatment.

The results of the research with the results of Dehdar et al.(2021), Haghayegh (2019), Akhawan Gholami and Hayati (2018), Ghadampour et al. (2017), Christian et al. (2017), Kazushiko et al. (2016), Tohing et al. (2015), Blut et al. (2014) are aligned.

In explaining the hypotheses, it can be said that according to McCracken's theory (1998), in therapy based on acceptance and commitment, instead of trying to manage conflicts and work on conflict elements, create compatibility between couples and by teaching methods of compromise with exhausting aspects. Marriage focuses on discovering one's values by identifying what is really important and how one can create a meaningful life for oneself and one's spouse by one's own behavior through personal values, and highlights all the life experiences of couples to discover more effective ways of being and living. According to Peterson et al. (2009), as couples begin to use these skills and strategies, they become more willing and able to approach previously avoided situations and give them the opportunity to behave in a way that satisfies them. It improves the relationship and increases interpersonal intimacy, and approaching the thoughts and feelings associated with previous avoidance and acting in a direction consistent with the values of the two-way relationship provides the opportunity for couples to provide stronger communication. According to Hoffman and Samundson (2008), therapy based on acceptance and commitment encourages couples to connect with the real values of their lives and be attracted to them. From the point of view based on the acceptance and commitment of avoiding experiences, it creates a

process of trauma that participates in the creation and expansion of marital and family conflicts. George and Eifert (2004) also believe that acceptance leads ineffective family discussions to reopen in purity and fundamental changes and opens space for couples to think and feel their thoughts and feelings without trying to change.

In order to generalize the outcomes of the current study, it is crucial to take into account its constraints. The primary constraints that should be taken into consideration in future research are the restriction of the sample to women who have undergone emotional divorce and the utilization of self-report questionnaires.

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. The author 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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