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Comparing the Effectiveness of Acceptance and Commitment Therapy and Schema Therapy in Spirituality and Conflict Resolution Styles of Working Women

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ABSTRACT

Objective: The aim of this study is to examine the efficacy of two therapeutic approaches, acceptance and commitment therapy (ACT) and schema therapy in addressing promoting spiritualism and conflict resolution styles among employed women.

Methods: A semi-experimental pre-test and post-test design with a control group was employed. The study sample consisted of 45 women who were purposefully selected from employees of Iran Khodro Industrial Group companies in 2022. Participants were randomly assigned to one of three groups: control group (n=15), schema therapy group (n=15), and acceptance and commitment therapy group (n=15). Participants completed questionnaires assessing spiritualism and conflict resolution styles. The research hypotheses were analyzed using mixed design analysis of variance.

Results: The findings indicate that both acceptance and commitment therapy and schema therapy significantly impact spirituality and conflict resolution styles among employed women.

Conclusions: Based on the results, the utilization of acceptance and commitment therapy and schema therapy is recommended to enhance spirituality and improve conflict resolution styles among employed women.

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Introduction

The family stands as a fundamental pillar within society, with the societal well-being hinging on the family's overall health. To nurture a robust family unit, members must uphold sound mental well-being and cultivate positive interpersonal bonds to foster tranquility and contentment. Regrettably, contemporary evidence highlights the prevalent and severe challenges faced by couples in establishing and sustaining intimate and amicable relationships (Darbani et al., 2020). Among the pressing social dilemmas in today's human society lies family discord, underscoring the critical necessity for educational interventions to address marital conflicts and devise preventive measures (Papp, 2018). Marital discord and relational unrest entail the dissatisfaction of one or both partners towards the relationship, escalating swiftly. Given the acknowledged association between marital conflict and various issues like depression, emotional disturbances, chronic ailments, and suboptimal parenting, a comprehensive examination is imperative. The ramifications of marital discord result in irrevocable detriments to the family unit (Nofech-Mozes et al., 2020). Notably, Qamari's study findings (2018) elucidate the moderating function of constructive and non-constructive conflict resolution styles on the correlation between emotional intelligence and marital stability (Salimi & Zare Mehdi Abadi, 2023). Bulanda et al. (2016) further establish that instructing and acquiring communication skills and conflict resolution abilities tailored to marital contexts aid troubled couples in enhancing their relationships and interactions, thereby diminishing conflicts and enhancing mental well-being within marriages (Bulanda et al., 2016). Given that there are factors that affect marital satisfaction and can completely affect the lives of couples. For this reason, examining the spirituality of people and their related factors that are involved in this matter is the most important issue of this research. In recent decades, the strong role of spirituality in reducing mental stress and tolerance of distress in people has been pointed out (Krause et al., 2018). The interest in investigating the relationship between spirituality and mental health and its effect on people's lives has increased in recent years and has led to the recognition and understanding of the relationship between spiritual actions and its role in increasing the psychological well-being and physical health of people (Chow et al., 2021). The conducted research determined that religious and spiritual people are in a better condition in terms of physical and mental health. These people use spirituality as a coping mechanism to face psychological pressures (Fardin, 2020). Positive spiritual coping is associated with the reduction

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of depression and anxiety and leads to an increase in psychological well-being in people. In other words, people use religious practices to give meaning to suffering and pain and make them more bearable (Prazeres et al., 2021). Spirituality is known as a complementary treatment in health care and a key factor in reducing mental disorders, especially anxiety. In fact, due to the strength of faith and religious practices, spirituality puts people in a good state in terms of physical and mental health (Rias et al., 2020).

In recent years, helping couples to improve their marital relations using different treatment methods has been considered. It is necessary to help couples to solve marital problems by knowing the factors and causes affecting marital dissatisfaction and satisfaction (Ciarrochi et al., 2001). It seems that marital satisfaction is directly and indirectly related to the stability of the family unit and a better quality of life, while it has been determined that dissatisfaction with marriage leads to tension and anxiety and finally the dissolution of the family unit (Shackelford et al., 2008). One of the recent treatment methods is the treatment based on acceptance and commitment, and its goal is to help couples to create a rich, complete and meaningful life, while accepting the suffering that life inevitably brings with it. Two key concepts in this type of treatment are psychological flexibility and experiential avoidance (Forman & Herbert, 2009). Instead of learning new ways to achieve compatibility and commitment of couples, this approach teaches people ways to reduce things like conflict and avoid and lose the present moment. From this point of view, adaptability and commitment means having a rich, fruitful and meaningful life (Hayes et al., 1999). Treatment based on acceptance and commitment teaches couples to approach unwanted inner thoughts and feelings and physical states related to these dynamics and communication patterns; In this way, learning to consciously accept such thoughts and actions in ways that continuously aim at communication and emotional intimacy, compatibility and commitment of couples is practiced with couples. As couples begin to employ these skills and strategies, they become more willing to approach previously avoided situations and are given the opportunity to behave in ways that improve relationship satisfaction and increase interpersonal intimacy. To give approaching the thoughts and feelings associated with previous avoidance and acting in the direction of compatibility with the values of the mutual relationship provides the opportunity for couples to

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establish a stronger connection with each other, which increases the compatibility and commitment of the couple (Zahedi et al., 2020).

Group therapy based on schema mentalities was independently created by Farrell and Shaw (Farrell et al., 2014) and extensively elaborated, described and applied in the form of couple therapy. When maladaptive schemas are activated, extreme states appear that are called schema mentalities in schema therapy. Mentality includes emotional, cognitive and behavioral dimensions of personality (Farrell et al., 2014). Schematic mindsets are an advanced component of schema therapy, which aims to help the formation of a healthy mindset. Schema therapy today mainly works on mindsets, because mindsets are visible to us. Working with a mind map is easy and makes it easier to understand and more accurate. Also, it is a reliable guide for the necessary responses from the therapist. It is much easier for both the therapist and the couple to monitor and manage conceptualization based on mindfulness. In this model, our current emotions can be triggered by schemas rather than the external environment. Schemas are the context of mentalities. In the country as well, khodabandelow et al. (2018) showed that schema therapy based on mentality is effective in increasing their hidden self-esteem.

The increasing prevalence of marital conflicts in today's era and as a result of the increase in divorce and its destructive effects on the health of couples, children and the emergence of social problems, has caused therapists and psychologists to present theories and plans to help conflicted couples. Hence, to enhance communication patterns and minimize conflicts among couples, various therapeutic methods' efficacy has been explored. This study compares the effectiveness of acceptance and commitment-based therapy (ACT) and schema-based therapy in promoting cultural values, spirituality, and conflict resolution among working women. Schema therapy and acceptance and commitment therapy differ in their approaches, as they analyze individuals' issues from distinct perspectives and offer varied explanations. Schema therapy focuses on identifying and adjusting dysfunctional schemas that impact interpersonal relationships, while acceptance and commitment therapy emphasizes enhancing flexibility and engaging in value-driven actions to boost cultural values and spirituality within couples. The main aim is to integrate schema work with acceptance and commitment therapy for couples seeking counseling, aiming to provide a comprehensive understanding of interpersonal issues and enhance both behavioral and psychological flexibility. By combining these two approaches, it is anticipated that there will be a

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dual effect in fostering marital intimacy. Despite the existing literature review, no previous Iranian or international studies have investigated the impact of ACT and schema-based therapy on cultural values, spirituality, and conflict resolution specifically among working women. Therefore, this research aims to address this gap by evaluating the effectiveness of ACT and schema-based therapy in enhancing spirituality and conflict resolution styles among working women.

Materials and Methods

In terms of purpose, this research was in the applied research group and in terms of research design, it was a semi-experimental type of pre-test and post-test with a control group. The statistical population of this research was made up of all women working in Iran Khodro Industrial Group companies in 2021. From this society, 45 women working in the companies of Iran Khodro Industrial Group were selected purposefully. First, the 36-question quality of life questionnaire (SF-36) was distributed among working women; Then, the women who got a low score from the marital quality questionnaire were identified and randomly assigned to three groups of control (15 people), experiment based on schema mentality (15 people) and treatment based on acceptance and commitment (15 people). The number of sample people was 45 people, each of the groups included 15 people. The inclusion criteria are female employees working in Iran Khodro Industrial Group companies, having a low quality of life, having minimal literacy and writing, not suffering from acute psychiatric diseases (based on the question about psychiatric records); The exclusion criteria were absence of more than two sessions and taking psychiatric pills. The implementation method was to first identify women who are dissatisfied with the quality of their married life, then they answered the research questionnaires (spirituality and conflict resolution styles) and the people who scored high in these questionnaires were chosen. Then, for both groups (experimental and control), pre-test was applied to them, then training based on schema mentality and treatment based on acceptance and commitment were applied to the experimental group, but no intervention was applied to the control group. Immediately after the completion of the interventions for the experimental groups, the post-test of the research questionnaire was implemented for both groups; After 2 months of the implementation of the post-test in order to measure the permanence of the treatment effect of education based on schema mentality and treatment based on acceptance and commitment, the research questionnaire with the purpose of the follow-up test was distributed

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among the research subjects and the required data was collected. In this research, the multivariate analysis of variance test was used in terms of the assumptions of the use of parametric tests and the analysis of variance test with a mixed design.

Instruments

Standard Spirituality Questionnaire: This questionnaire was designed by Hall and Edwards (2002) in order to evaluate two dimensions of spirituality growth, that is, awareness of the existence of God Almighty and the quality of relationship with God. The initial version of the test had 5 subscales of awareness, realistic acceptance, despair, exaggeration, and instability. The current version has 6 subscales. The Spirituality Assessment Questionnaire is a self-report tool and has 47 questions, some of which are composed of two parts (Hall & Edwards, 2002). Hall and Edwards (2002) reported Cronbach's alpha subscale of awareness, realistic acceptance, disappointment, grandiosity, and instability and impression management as 0.95, 0.83, 0.90, 0.73, 0.84, and 0.77, respectively. The validity of the questionnaire was confirmed through factor analysis (Hall & Edwards, 2002). In Jamshidian's study (2010), the opinions of the supervisor and several other professors and experts were used to obtain the validity of the questionnaire. and they will be asked about the relevance of the questions, the clarity and comprehensibility of the questions and whether these questions are suitable for the research questions and evaluate them, and the desired terms will be applied in the questionnaire (Nasr Esfahani et al., 2017).

Conflict Resolution Styles Questionnaire: Rahim's Conflict Resolution Styles Questionnaire (ROCI-II) was designed by Rahim in 1983 to measure conflict resolution styles. This questionnaire measures five conflict resolution styles and includes 28 items. Its purpose is to evaluate the conflict resolution styles of people in relation to their spouses (Integrating, Obliging, Dominating, Avoiding, and Compromising). The response range of this questionnaire was of the Likert type (Vansteenkiste et al., 2023). In the research of Haghighi et al. (2012), positive and negative correlations were observed between the subscales of Rahim's conflict resolution style questionnaire and the CRQ questionnaire, which indicates the favorable convergent and divergent validity of this questionnaire. Cronbach's alpha for Rahim's conflict resolution style questionnaire and components of integration style, dominant style, obliging style, avoidant style and compromise style were obtained as 0.71, 0.70, 0.70, 0.72 and 0.75 respectively (Haghighi et al., 2012).

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Summary of the group therapy protocol based on acceptance and commitment: Therapy sessions were held in the form of eight 45-minute sessions during 2 months (one session per week) according to the book of Vowles and Sorrell (2007).

Couple therapy protocol based on schema therapy: Therapy sessions were held in the form of 10 sessions of 45 minutes during 1.5 months (one session per week) according to the book of Young et al. (2006).

Table 1. Summary of acceptance and commitment therapy

Session	Aim	Content
1	Introduction and agenda of the treatment session	Providing an opportunity for clients to get to know the patient and the goals of the treatment Establishing a therapeutic relationship and assessing the severity of problems and awareness-based exercise, under the title of "concentration exercise"
2	Changing behavior and mindfulness	Creating creative helplessness over past solutions through metaphors and asking clients Mindfulness practice
3	Values	Creating creative helplessness over past solutions through metaphors and asking clients Mindfulness practice
4	Clarification of values and goals	Clarification of values Check for obstacles Determining goals and introducing committed action and "body scan" mindfulness practice Completing the valuable routes form
5	Dissociation	Review assignments Dissociation from language threats Mindfulness homework
6	Committed action	Review treatment Committed action Mindfulness and self-observation practice home works
7	Satisfaction	Primary and secondary pain Mindfulness in walking home works
8	End of meetings and conclusions	Clarification of values Recurrence and events - preparation not prevention goodbye Lifetime assignment

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Table 2. Summary of schema therapy

Session	Aim
1	Getting to know each other and creating a good relationship
2	Objective evidence confirming or disproving schemas based on current and past life evidence
3	Cognitive techniques (schema validity test, new definition of corroborating evidence
4	The existing schema and evaluation of the advantages and disadvantages of coping styles)
5	Letting out blocked emotions
6	Healthy communication and imaginary conversation
7	Providing cognitive strategies for change
8	Therapeutic relationship, relationship with important people in life and role playing
9	Introducing experimental strategies for change
10	Breaking behavior patterns

Ethical considerations

In relation to the observation of ethical aspects within this study, all elements and resources have been utilized to adhere to the principle of credibility. Specifically, the amplification and non-distortion of positive outcomes, fairness, nonmaleficence, and consideration for the participants were taken into account. The researchers gave particular emphasis to certain aspects: Securing written consent from the participants, refraining from imposing the researcher's viewpoints on the participants, and clarifying to the participants that their ongoing involvement in the study is entirely voluntary and they have the option to discontinue participation at any phase.

Results

In Table 3, the descriptive indicators of the components of spirituality are presented.

Table 3. Mean (SD) of spiritualism components in the three stages of pre-test, post-test and follow-up

Spirituality	Group	Pretest	Posttest	Follow up
Awareness	ACT	43.07 (8.05)	59 (10.88)	56.73 (9.68
	Schema therapy	40.73 (7.04)	62.07 (9.22)	65.73 (11.60)
	Control	41.87 (9.51)	43.40 (9.34)	44.73 (9.52)
Acceptance	ACT	6.40 (1.81)	9.40 (2.72)	10.07 (2.46)
	Schema therapy	5.67 (1.68)	8.67 (2.77)	9.20 (2.40)
	Control	5.93 (1.67)	6.07 (1.83)	5.47 (1.96)
Grandiosity	ACT	21.67 (4.24)	12.73 (2.40)	13.27 (2.89)
	Schema therapy	20.07 (2.46)	14.60 (2.99)	15.20 (2.83)
	Control	19.27 (3.79)	20.56 (3.96)	19.33 (3.64)
Disappointments	ACT	16.53 (3.48)	26.07 (5.37)	25.76 (50.70)
	Schema therapy	15.60 (3.89)	23.07 (5.50)	22 (5.06)
	Control	17.07 (3.65)	17.73 (3.62)	17.27 (3.47)
Instability	ACT	21.60 (5.22)	33.33 (7.40)	34.40 (6.25)
	Schema therapy	21.07 (4.82)	28.67 (4.07)	28.40 (5.38)
	Control	20.53 (4.05)	22.87(5.49)	20.60 (4.80)
Impression management	ACT	10.80 (3.26)	20.47 (3.07)	19.80 (3.55)
	Schema therapy	10.93 (3.01)	16.0.7 (2.69)	17.27 (3.31)
	Control	11.40 (3.25)	11.93 (3.22)	12.80 (3.93)

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Table 3 shows that in both intervention groups, the average components of awareness, realistic acceptance, disappointments, instability and impression management the of spirituality compared to the control group in the post-test and follow-up stages were increased and scores related to the grandiosity, was decreased. Table 4 shows the Mean (SD) of conflict resolution styles (Integrating, Obliging, Dominating, Avoiding, and Compromising) in experimental and control groups and in three phases: pre-test, post-test and follow-up.

Table 4. Mean (SD) of conflict resolution styles in the pre-test, post-test and follow-up

Conflict resolution styles	Group	Pretest	Posttest	Follow up
Integrating	ACT	18.20 (3.36)	25.20 (5.14)	26.87 (4.53)
	Schema therapy	18.13 (3.16)	22.67 (4.55)	22.20 (4.30)
	Control	17.40 (3.56)	17.67 (3.42)	18.60 (3.79)
Avoiding	ACT	22.20 (4.36)	14.60 (2.95)	15.60 (2.90)
	Schema therapy	23 (4.36)	15.60 (3.38)	16.53 (3.80)
	Control	21.20 (4.41)	20.73 (3.55)	21.53 (3.39)
Dominating	ACT	20.07 (3.75)	13 (3.75)	13.73 (2.60)
	Schema therapy	19.87 (4.36)	14.20 (2.60)	14.73 (3.08)
	Control	21.20 (3.19)	20.33 (4.79)	20.33 (3.98)
Compromising	ACT	21.40 (4.10)	16.47 (3.16)	15.98 (3.08)
	Schema therapy	21.40 (4.03)	16.87 (3.20)	17.07 (4.77)
	Control	20.60 (3.42)	22.53 (3.29)	20.80 (4.08)
Obliging	ACT	10.40 (3.90)	16 (2.59)	16.07 (2.52)
	Schema therapy	11.40 (2.97)	15.53 (3.40)	15.47 (3.07)
	Control	10.47 (3.11)	10.73 (2.12)	10.27 (3.06)

Table 4 shows that among the conflict resolution styles, the average scores of the compromising and integrative styles in the participants of the two experimental groups compared to the control group in the post-test and follow-up stages increased, and the average scores of the obliging, dominating, and avoiding styles decreased.

Table 5. The results of Repeated measures ANOVA of the effect of independent variables on the components of spirituality

Variable	Effect	SS	Error SS	F	p	η^2
Awareness	Group	4014.99	4487.38	18.79	0.001	0.47
	Time	431.54	4187.53	43.25	0.001	0.51
	Group * Time	2361.90	6911.56	7.18	0.001	0.25
Acceptance	Group	188.02	182.37	21.65	0.001	0.51
	Time	113.34	174.40	27.30	0.001	0.39
	Group * Time	87.41	418.42	4.39	0.003	0.17
Grandiosity	Group	370.33	744.27	10.45	0.001	0.33
	Time	435.60	487.13	37.56	0.001	0.47
	Group * Time	460.25	827.87	11.68	0.001	0.36
Disappointments	Group	662.24	870.53	15.98	0.001	0.43
	Time	624.10	819.20	32	0.001	0.48
	Group * Time	428.87	1692.40	5.32	0.001	0.20
Instability	Group	1611.62	1773.69	19.08	0.001	0.48

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	Time	1020.10	939.33	45.61	0.001	0.52
	Group * Time	658.16	2141.78	6.45	0.001	0.23
Impression management	Group	558.99	7.8.53	15.90	0.001	0.43
	Time	700.01	373.47	78.72	0.001	0.65
	Group * Time	367.14	607.73	12.69	0.001	0.38

Table 5 shows that the interaction effect of group × time for the components of awareness (η^2 = 0.255, P = 0.001, F = 7.18), acceptance (P = 0.003, η^2 = 0.173) , F = 4.39), grandiosity (η^2= 0.357, P = 0.001, F = 11.68), disappointments (F = 5.32, (η^2= 0.202, P = 0.001), instability ((η^2= 0.235, P = 0.001, F = 6.45) and impression management ((η^2= 0.377, P = 0.001, F = 12.69) are significant.

Table 6. The results of Repeated measures ANOVA of the effect of independent variables on the conflict resolution styles

Variable	Effect	SS	Error SS	F	p	η^2
Integrating	Group	692.46	822.09	17.69	0.001	0.457
	Time	485.34	613.13	33.24	0.001	0.442
	Group * Time	269.67	1224.44	4.63	0.002	0.180
Avoiding	Group	298.33	814.89	7.69	0.001	0.268
	Time	230.40	671.73	14.41	0.001	0.255
	Group * Time	247.99	993.38	5.24	0.001	0.200
Dominating	Group	332.27	665.69	10.48	0.001	0.334
	Time	405.34	618.33	27.53	0.001	0.396
	Group * Time	322.31	1134.25	5.97	0.001	0.221
Compromising	Group	368.11	309.02	25.01	0.001	0.544
	Time	227.21	531.33	17.96	0.001	0.300
	Group * Time	168.21	754.18	4.68	0.002	0.182
Obliging	Group	669.57	622.84	22.58	0.001	0.518
	Time	380.28	637.40	25.06	0.001	0.374
	Group * Time	189.72	1009.16	3.95	0.006	0.158

Table 6 shows that the interaction effect of group × time for integrated conflict resolution styles (F = 4.63, P = 0.002, η^2= 0.180), avoidance style F = 5.24, P = 0.002, η^2= 0.200), dominant style (F = 5.97, P = 0.002, η^2= 0.221), compromise style (F = 4.68, P = 0.002, η^2= 0.182) and obliging style (F = 3.95, P = 0.002, η^2= 0.158) are significant at the 0.01 level.

Discussion

Our findings showed that ACT compared to schema therapy is a more effective method for increasing the components of lack of disappointment, instability and impression management of of spirituality in working women. This research is in line with the findings of Borghei et al. (2020) and Ghaseminejad Rinie et al. (2022). Regarding the explanation of the effectiveness of ACT on women's spirituality, it can be said that in ACT, acceptance exercises and discussions about one's values and goals all reduce disappointment; In other words, in this therapy, people are taught how

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to let go of their avoidance beliefs and accept them instead of trying to control them. If experiential avoidance has a reducing effect on unpleasant experiences in the short term; But in the long run, it has many destructive effects and can lead to lack of flexibility and functional defects (Amani, 2018). In this therapy, people are encouraged to evaluate their behavior based on whether the strategies they use are successful or not. In therapy based on acceptance and commitment, through mindfulness exercises, changing and correcting a person's relationship with his thoughts, self-observation and awareness of his body condition are strengthened. In this direction, efforts are made to increase the acceptance of thoughts, beliefs, feelings; Therefore, people save themselves from the ruminations that result from despair; In other words, it can be said that by reducing fusion with dysfunctional thoughts and feelings, this treatment gives people the opportunity to deal with the underlying concerns and concepts of life, such as life and death, hope and despair, relationships with others or staying in isolation, awareness and sense of responsibility towards oneself and others. In such a situation and after understanding the concepts of acceptance and commitment, a person has more responsibility towards his life and experiences fundamental changes in his beliefs, which increases spirituality in his life.

Also, in explaining the results of this research, it can be said that the treatment model based on schema therapy is an integrated model that uses cognitive-behavioral, psychodynamic, gestalt, attachment, and thematic approaches; Therefore, it has a complete attitude to interpersonal relationships. Every person has cognitive, experiential, emotional and behavioral dimensions. The role of schemas in the formation of beliefs, emotions and behaviors and also as a model for processing experiences is clear; So that thoughts, feelings and the type of communication we have with others influence and determine our coping style in front of situations. The inter-object that happens in this treatment model is a deep awareness of structures (schemas) that have an effect on the interpretation of the situation and, as a result, on spirituality. By modifying the initial incompatible schemas, women can improve their communication with others by changing their assessment of the situation and their coping style in that situation, which leads to improved performance at the family level. On the other hand, we know that by making changes in the field of autonomy, the feeling of sufficiency increases and people support each other when facing problems and choose the best solution to the problem with tact and logic. Therefore, with the

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change in the fundamental beliefs, women's performance in the areas of role in the family, communication and problem solving improves, and the overall performance of the family, which is the result of these subscales, improves, and with the improvement of these scales, spirituality in the family increases.

Also, the results of the research showed that treatment based on acceptance and commitment is a more effective method to increase the use of integrated conflict resolution style in working women compared to treatment based on schema therapy. These findings are in line with the research of Asadpour and Veisi (2017) and Zhou and Buehler (2019). In explaining this finding, it can be said that the treatment based on acceptance and commitment causes couples to think more about the reconstruction and improvement of the relationship by fulfilling commitments and valuable behaviors instead of thinking about divorce and the end of the relationship (Aalami et al., 2020).

The results showed that schema therapy is effective on marital conflicts. These results are in line with the findings of Moghim et al. (2022) and Hajinia Esbo et al. (2020). In the explanation of these findings, it can be said that in schema therapy, the ways of dealing with the problem are directly investigated and psychological satisfaction is usually achieved by finding suitable solutions for the problems. This therapy has been effective by challenging incompatible schemas and ineffective responses and replacing them with appropriate and healthier thoughts and responses. By improving some basic and destructive components such as negative emotions and thoughts, schema therapy seems to be able to generally improve the psychological well-being of people and reduce their marital conflicts (Koppers et al., 2020).

The results of the present study show the greater effect of schema therapy than therapy based on acceptance and commitment in reducing burnout and marital conflicts. The results of the present study are in line with the findings of Hemmati and Maddahi (2018). In explaining this finding, it can be said that the approach of schema therapy based on acceptance and commitment, by combining schema therapy techniques and therapy based on acceptance and commitment, makes couples know well the problematic schemas in a couple's relationship, and instead of avoiding behaviors. They find a suitable answer in line with their values in a negative confrontation, and this reduces conflicts in couples' relationships. One of the avoidance strategies in couples is to withdraw from interactions that have previously led to conflict. Such withdrawals not only do not prevent new conflicts, but also make the memory of conflicts always remain in the minds of the

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parties and prevent the improvement of couples' relationships (Amirbeik et al., 2021). The schema therapy approach by using the formulation and recognition of schemas by identifying larger patterns (schemas) helps couples to look more thoughtfully at their behavior and to be empowered to search for ways to create new forms of compatibility. Therapy based on acceptance and commitment encourages people to accept thought processes as a necessary and real function for psychological adjustment and thus leads to a reduction of negative cognitive schemas in couples. According to the reports of the participating couples; realizing the old schemas and their role in destroying relationships, clarifying values, especially shared values in marital relationship and taking steps towards values have played an important role in reducing their marital conflicts. It also seems that schema therapy makes couples have a better understanding of their desire schema behaviors and have more control over the desires schema reactions that lead to moving away from values. Also, by making valuable commitments and behaviors instead of thoughts related to divorce and ending the relationship.

In conclusion, it is noteworthy that the present study encountered certain constraints. Owing to the delicate nature of marital concerns, there was a considerable challenge in obtaining consent from the sample group for conducting face-to-face interviews and audio recordings, necessitating a substantial amount of time. Data collection for this study was achieved through the utilization of a questionnaire. One drawback of using questionnaires is the requisite motivation and interest in providing accurate and precise responses. While no instances of inaccuracies or unrealistic answers were identified, it is imperative to consider this aspect when analyzing the findings. The study findings indicated that acceptance and commitment therapy (ACT) and schema-based therapy have an impact on the spirituality of employed women, emphasizing the necessity of such interventions for enhancing spiritual well-being. A comprehensive and professional approach towards a higher goal, the ability to interpret events holistically, and consequently attaining greater marital contentment were highlighted. Furthermore, the results demonstrated that schema-based therapy influences the conflict resolution strategies of employed women. Given the efficacy of this intervention, it is recommended that organizations, family crisis intervention facilities, counseling services, as well as public and private institutions involved in family education, adopt this approach for addressing marital and familial issues.

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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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