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Effectiveness Acceptance and Commitment Treatment on Marital Dissatisfaction and Sexual Performance in Couples with Emotional Divorce

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ABSTRACT

Objective: Emotional divorce constitutes a specific form of separation wherein couples cohabit within the same domicile yet lack affection and merely tolerate each other. Consequently, the present investigation was undertaken with the objective of assessing the efficacy of an acceptance and commitment therapy intervention on the levels of marital dissatisfaction and sexual performance among couples experiencing emotional divorce. **Methods**: The methodological framework employed was semi-experimental, incorporating a pre-test and post-test design alongside a control group. The statistical population encompassed all couples who sought assistance from counseling and psychological service centers in Baharestan district during 2023; from this population, 30 couples were randomly selected and assigned to either the experimental or control group through a simple randomization process. The acceptance and commitment therapy sessions were conducted for the experimental group whereas the control group did not receive any therapeutic intervention. Data analysis was performed utilizing univariate analysis of covariance. **Results**: The findings indicated that acceptance and commitment therapy significantly decreased levels of marital dissatisfaction while simultaneously enhancing sexual performance. The effect sizes of 0.45 for marital dissatisfaction and 0.67 for sexual performance further substantiate the significance of these differences within the population. **Conclusions**: In light of these findings, therapists and counselors are encouraged to integrate this therapeutic approach into their practice to ameliorate sexual performance and mitigate marital dissatisfaction among couples experiencing emotional divorce.

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Introduction

The family unit represents a fundamental construct that has served as the primary mechanism for the preservation and perpetuation of human culture throughout history and continues to be recognized as a universal human phenomenon (Sharma, 2013). Divorce is characterized as the dissolution of the interpersonal relationship between a male and a female, often arising from disparities in financial, psychological, and physical domains; however, in certain instances, couples may opt not to pursue legal divorce while cohabiting, resulting in emotional estrangement, disconnection during adversities, and a lack of genuine relational engagement. This phenomenon is identified as emotional divorce (Damo & Cenci, 2021). Emotional divorce presents numerous challenges to married life, contributing to a spectrum of emotional, psychological, and sexual difficulties, thereby exacerbating levels of marital dissatisfaction (Heidarpour eskandari et al., 2022; Jarwan & Al-frehat, 2020). Marital satisfaction encompasses a composite of objective sentiments, fulfillment, and contentment, along with the pleasure experienced by both spouses, and is regarded as a significant indicator of mental well-being and life continuity. Satisfaction within the marital context constitutes an integral component of an individual's overall satisfaction with familial life, where contentment in familial relationships can foster an overarching sense of life satisfaction. The significance of marital satisfaction emerges as a pivotal concern, attributed to its intrinsic correlation with the experiential sense of overall life contentment. Some scholars posit that marital satisfaction serves as a comprehensive evaluation of the current state of individuals' marital or romantic relationships, which can serve as a barometer for the degree of happiness individuals derive from these relational dynamics (Khazaei et al., 2022). Marital satisfaction is conceptualized as a broad notion that emerges from an individual's cognitive and emotional appraisal of existence in its entirety (Sedaghatkhah et al., 2022; Tavakol et al., 2017). Individuals possessing high levels of marital satisfaction tend to experience elevated positive affect, more readily recall affirmative events from their past and anticipated future, and exhibit a favorable self-assessment of their environment, characterizing it as enjoyable. Conversely, individuals with diminished marital satisfaction tend to appraise themselves, their past, anticipated future, others, and various life events and circumstances as undesirable, resulting in the experience of heightened negative emotions, including anxiety and depression (Lopoo & DeLeire, 2014).

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Numerous determinants (social, economic, personal, cognitive, religious, etc.) influence marital satisfaction, with one such determinant being sexual function. Female sexual dysfunction is delineated as a spectrum of psychosexual disorders encompassing difficulties related to sexual desire, arousal, orgasm, and discomfort during intercourse. This dysfunction may persist throughout an individual's life or manifest subsequent to a phase of normative functioning; furthermore, it may present in either a generalized or localized manner (Parish et al., 2019). Sexual dysfunction can adversely impact marital dynamics by diminishing sexual satisfaction; it may also compromise overall quality of life and general health, potentially giving rise to cardiovascular risk factors and various physical and mental health ailments in both women and men (Faubion & Rullo, 2015; Heiman, 2002). Additional detrimental ramifications of sexual dysfunction encompass challenges within marital relationships, psychological and emotional distress, a decline in quality of life, the potential for divorce, ethical breaches, and in extreme cases, sexual offenses. In various research studies conducted within the Iranian context, it has been observed that approximately 50% of the underlying factors contributing to divorce in this nation can be attributed to the sexual dissatisfaction experienced by couples (Karami et al., 2023).

A notable therapeutic approach that can be employed in a group setting to enhance the dynamics of couple relationships is acceptance and commitment therapy. This particular form of therapy constitutes a psychological intervention that integrates strategies based on awareness and acceptance, as well as those grounded in commitment and behavioral modification, with the objective of fostering psychological flexibility (Hayes et al., 2013). Acceptance and commitment therapy represents an innovative and efficacious method for addressing psychological challenges and disorders, with the intent of cultivating new and health-promoting behavioral patterns through the fundamental concept of psychological flexibility. The enhancement of psychological flexibility within acceptance and commitment therapy is facilitated by six core processes: acceptance, cognitive diffusion, the self as context, mindfulness, values clarification, and committed action. This therapeutic approach engenders psychological flexibility through the training of cognitive awareness, the practice of psychological acceptance, cognitive diffusion, the process of cognitive reassessment, the clarification of personal values, and the fostering of motivation for committed action (Golestanifar & DashtBozorgi, 2020).

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The notable escalation in the divorce rate constitutes a significant social phenomenon, with its roots traced to the erosion of communal solidarity and the ascendance of individualism within contemporary society. This shift has led to marriages becoming less anchored in tradition and collective will, resulting in individuals prioritizing emotional connections at the core of their marital relationships. Consequently, feelings of frustration and dissatisfaction in cohabitation may ultimately precipitate divorce or emotional estrangement. Thus, the current investigation was initiated with the aim of assessing the efficacy of acceptance and commitment therapy in relation to marital dissatisfaction and sexual functioning among couples experiencing emotional divorce. It endeavors to address the inquiry: Does acceptance and commitment therapy exert a significant impact on the levels of marital dissatisfaction and sexual functioning in couples who are emotionally divorced?

Material and Methods

The methodological framework employed in this investigation was semi-experimental, characterized by a pre-test-post-test design complemented by a control group. The statistical population encompassed all couples seeking assistance at counseling and psychological services centers within Baharestan District 2 during the academic year 2023. The emotional divorce questionnaire was administered to couples accessing this center, from which 30 couples exhibiting scores exceeding 8 on this instrument were randomly assigned to either the experimental or control groups. The inclusion criteria for participation in this study necessitated informed consent, a minimum score on the emotional divorce questionnaire, a duration of marriage ranging from six months to one year, and the absence of any physical or psychological ailments. Conversely, the exclusion criteria comprised the use of psychiatric and psychotropic medications during the intervention, absence from more than two therapy sessions, and concurrent participation in other educational or therapeutic programs. The research instrument utilized encompassed the following questionnaire:

Marital Satisfaction Questionnaire: The Enrich's Marital Satisfaction Questionnaire, consisting of 47 items, serves to evaluate multiple dimensions of marital satisfaction. The items within this questionnaire were assigned codes reflective of a five-point Likert scale ranging from 1 to 5. Additionally, certain items were reverse scored. In the Enrich's Marital Satisfaction Questionnaire,

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responses were structured according to a 5-point Likert scale from 5 (completely agree) to 1 (completely disagree), with the minimum achievable score being 47 and the maximum being 235; individuals attaining scores below 150 are considered to exhibit a degree of marital incompatibility. Olson et al. (2014) established the validity of the aforementioned 47-item questionnaire, reporting a coefficient of 0.92 via the alpha coefficient method. In the context of Iran, a study assessing the validity of the test through the Pearson correlation coefficient and the test-retest method yielded reliability scores of 0.937 for males and 0.944 for females, with an overall score of 0.94 for both genders following a one-week interval (Arab Alidousti et al., 2015). In the current study, the overall reliability was determined using the Cronbach's alpha method, yielding a coefficient of 0.85.

International Sexual Function Index: International Sexual Function Index was developed by Rosen et al. (2002) with the primary objective of evaluating sexual functioning, comprising a total of 15 queries. Each question is evaluated utilizing a 6-point Likert scale. This index is subdivided into five distinct components: erectile function, represented by questions 1, 2, 3, 4, 5, and 15; satisfaction with intercourse, indicated by questions 9 and 11; orgasm, assessed through questions 11 and 12; desire, measured by questions 6, 7, and 8; and overall satisfaction, detailed in questions 13 and 14. Rosen et al. (2002) substantiated its content validity and reported Cronbach's alpha coefficients for the subscales of erectile function, orgasmic function, sexual desire, sexual satisfaction, and overall satisfaction, which were determined to be 0.96, 0.95, 0.93, 0.68, and 0.91, respectively. In a study conducted in Iran by Babazadeh et al. (2020), the reported Cronbach's alpha coefficients for the subscales of erectile function, orgasmic function, sexual desire, sexual satisfaction, and overall satisfaction were found to be 0.88, 0.87, 0.69, 0.86, and 0.62, respectively. Furthermore, the convergent validity was assessed by determining the correlation coefficient between the International Index of Erectile Function and the Sexual Function Scale, which was found to be at an acceptable level. In this particular investigation, the Cronbach's alpha coefficient for the comprehensive scale was recorded at 0.75.

The treatment protocol for this investigation was predicated on the Acceptance and Commitment Therapy framework established by Hayes et al. (2011), which was implemented through a series of eight 45-minute therapy sessions conducted over the span of four weeks. The structure of the therapy sessions is delineated as follows.

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Table 1. Summary of the acceptance and commitment therapy sessions

Session	Content
1	Introducing creative helplessness, recognizing members and stating goals
2	Experiential exercises are used to challenge the effectiveness of control strategies
3	Introducing cognitive fusion
4	Introducing the concept of disengagement from depressive and anxiety-provoking thoughts and feelings
5	Introducing the concept of acceptance
6	Introducing the concept of connection to the present, identifying and refining values
7	Introducing the concept of the observing self
8	Committing to the committed action

In the course of this study, several ethical principles were meticulously adhered to, which encompassed the elucidation of research objectives to the participant couples, the acquisition of informed consent, the voluntary nature of the research, the assurance of the right to withdraw from the study, the non-harmful nature of the therapeutic interventions, the provision of responses to inquiries, the dissemination of results to the participants, and the presentation of the sessions should participants express a desire for such. The data obtained were subjected to univariate analysis of covariance utilizing SPSS version 21 software, in accordance with the levels of data measurement and the requisite statistical assumptions.

Results

Descriptive statistics regarding the scores of participants from both the experimental and control groups concerning the variables of marital dissatisfaction and sexual performance are delineated distinctly at the two assessment stages: pre-test and post-test (table 1).

Table 1. Descriptive statistics pertaining to marital dissatisfaction and sexual performance across the experimental and control groups during the pre-test and post-test phases

Variable	Experimental		Control	
	Pretest	Posttest	Pretest	Posttest
	M±SD	M±SD	M±SD	M±SD
Marital dissatisfaction	38.13 ± 2.12	30.89 ± 2.39	39.67 ±2.94	38.67 ± 2.41
Sexual function	54.27 ± 7.69	60.55 ± 5.68	53.94 ± 4.16	52.19 ± 4.17

As indicated in Table 1, the mean score for the experimental group regarding the variable of marital dissatisfaction exhibited a reduction from the pre-test to the post-test, whereas an increase was observed in the variable of sexual performance; consequently, the disparity between the two groups in the post-test favorably aligns with the experimental group. In accordance with the

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research design employed in the present study, the analysis of covariance (ANCOVA) was utilized to evaluate the primary outcomes. Initially, the Shapiro-Wilk test was conducted to ascertain the normality of the distribution of the dependent variables. Given that the significance levels for all variables under investigation exceeded 0.05, the null hypothesis was dismissed, thereby confirming the normal distribution of these variables at a 95% confidence interval. The results from the Levene's test, which assessed the equality of variances among the groups pertaining to the dependent variables, indicated that the significance level was greater than 0.05, thereby suggesting that the two groups possessed comparable distributions of scores for these variables at the pre-test stage. Additionally, the outcomes from the homogeneity of regression slopes assumption test revealed that the analyses of covariance concerning the interaction between group and marital dissatisfaction variable (F = 0.294 and P = 0.592) as well as the interaction between group and sexual performance variable (F = 0.465 and P = 0.723) were not statistically significant, thus satisfying the assumption of regression slope homogeneity for the dependent variables in the study. The results from the univariate analysis of covariance, aimed at assessing the impact of acceptance and commitment therapy on the marital dissatisfaction and sexual performance of couples experiencing emotional divorce, were conducted, and the outcomes are presented in Table 2.

Table 2. Findings from the univariate analysis of covariance regarding the differences between the experimental and control groups in the domains of marital dissatisfaction and sexual function.

Variable	Indices	SS	DF	MS	F	P	Effect size
Marital dissatisfaction	Pretest	28.27	1	28.27	6.76	0.019	0.20
	Group	93.63	1	93.63	22.41	0.001	0.45
	Error	112.79	27	4.17			
Sexual function	Pretest	86.36	1	86.36	18.98	0.001	0.42
	Group	232.02	1	232.02	58.20	0.001	0.67
	Error	356.98	27	12.25			

As illustrated in the results of the univariate analysis of covariance in Table 2, after controlling for the pre-test effects, a statistically significant difference was identified between the mean post-test scores of the experimental and control groups in relation to the variables of marital dissatisfaction (η^2=0.45, p<0.001, F=22.41) and sexual function (η^2=0.67, p<0.001, F=58.20). Hence, it can be inferred that acceptance and commitment therapy has effectively diminished marital dissatisfaction while enhancing sexual function. The effect sizes of 0.45 for marital dissatisfaction

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and 0.67 for sexual function further substantiate that these differences are statistically significant within the broader population context.

Discussion

Emotional divorce constitutes a distinct form of separation wherein partners coexist within the same domicile yet lack affection and mutual tolerance; consequently, the present investigation was undertaken to assess the efficacy of acceptance and commitment therapy in ameliorating marital dissatisfaction and enhancing sexual functionality among couples experiencing emotional divorce. The findings indicated that acceptance and commitment therapy successfully diminished the degree of marital dissatisfaction in couples undergoing emotional divorce. The results obtained are congruent with those derived from prior research within this domain. The study conducted by Shahabi et al. (2021) demonstrated that training in acceptance and commitment skills, along with halal practices, effectively mitigated emotional divorce and marital discontent. The outcomes of the investigation by Moradzadeh and Pirkhaefi (2018) revealed a statistically significant disparity between the experimental and control cohorts concerning both marital satisfaction and cognitive flexibility; in essence, acceptance and commitment therapy markedly enhanced the marital satisfaction and cognitive flexibility of married employees.

To elucidate this finding, it can be posited that acceptance and commitment therapy, through value-based action training coupled with the aspiration to engage in meaningful personal objectives prior to the resolution of adverse experiences, enables individuals to value themselves directly when confronted with challenges by articulating their thoughts and emotions; furthermore, by exercising self-regulation, they alleviate anxiety, irritability, fear, perceived threats, and restlessness stemming from problem engagement. Additionally, cognitive processing techniques, encompassing exercises grounded in exposure to linguistic metaphors and methodologies such as mindfulness, facilitate individuals in maintaining their health and vitality while concurrently enhancing their performance, thereby leading to a reduction in marital dissatisfaction.

The results further indicated that acceptance and commitment therapy was effective in enhancing the sexual performance of couples experiencing emotional divorce. This observation aligns with the findings of prior studies. Research conducted by Tababaei et al. (2017) indicated that the acceptance and commitment approach was instrumental in improving sexual performance,

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increasing sexual assertiveness, and diminishing sexual shyness in women. Backchalaki and Mansouri (2017) discovered in their study that acceptance and commitment therapy serves as an effective strategy for enhancing sexual functionality and augmenting life satisfaction among women with substance use disorders. In elucidating the aforementioned finding, it can be articulated that the acceptance and commitment approach underscores the promotion of valued actions, positing that clients select behavioral objectives of paramount significance or value to them. Within these therapeutic interventions, the concept of value transcends mere moral judgment, signifying the personal relevance of specific actions to the individual. Such values may encompass the enhancement of interpersonal relationships, education, self-care, and marital dynamics. The objective is to motivate the individual to engage in actions deemed significant to them, which they may otherwise eschew. A crucial element of this objective involves identifying and elucidating pivotal issues for the client, fostering awareness of moments that align with these values, and initiating actions to actualize these values. All methodologies that fulfill two objectives concurrently are also capable of accomplishing this particular objective, and it appears that this phenomenon inherently contributes to the enhancement of sexual functionality subsequent to treatment.

A notable limitation of the current investigation was the absence of a follow-up duration. Furthermore, another constraint of this research is that the methodology employed for sampling was convenience sampling. Consequently, it is recommended that subsequent research endeavors utilize random sampling techniques to ensure that all individuals possess an equitable opportunity for selection, and, if feasible, an additional follow-up phase should be incorporated into the framework of future studies. Additionally, this study was unable to regulate variables such as educational attainment, familial income, and other factors pertaining to family members; hence, it is advised that these aforementioned variables be acknowledged in forthcoming investigations. In summary, based on the outcomes obtained, therapists and counselors may implement this therapeutic approach to enhance sexual functionality and mitigate marital dissatisfaction among couples experiencing emotional estrangement.

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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. 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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