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Effectiveness of Acceptance and Commitment Therapy on Conflict Resolution Strategies in Conflicting Couples

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ABSTRACT

Objective: The aim of this study was to determine the effectiveness of acceptance and commitment therapy on conflict resolution strategies in conflicting couples in Kermanshah.

Methods: The research methodology employed was semi-experimental in nature and was implemented as a pre-test-post-test design with a control cohort. The statistical population for this investigation encompassed all conflicting couples seeking assistance at counseling centers in Kermanshah during the year 2021. The sample comprised two groups, each consisting of 15 individuals, who were selected through simple random sampling and subsequently assigned to either the experimental or control group at random. Data collection was facilitated through the utilization of Rahim's Conflict Resolution Styles Questionnaire. To examine the hypotheses, a multivariate analysis of covariance was employed.

Results: The findings indicated that acceptance and commitment therapy yielded a statistically significant enhancement in conflict resolution styles among couples in the experimental group (P <0.001).

Conclusions: Overall, the results substantiate the efficacy of acceptance and commitment therapy in fostering conflict resolution strategies among discordant couples.

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Introduction

Marital conflict is correlated with substantial repercussions within familial structures, encompassing inadequate adjustment, ineffective parenting methodologies, suboptimal marital adaptation, marital fatigue, and an elevated probability of conflicts between parents and children (Falahzade & Hashemi Gashnigani, 2016; Kamankesh et al., 2024). Despite the universality of conflict, the methodologies employed by couples to navigate their disputes exhibit considerable variation, wherein effective conflict resolution is positively correlated with enhanced psychological satisfaction and overall well-being, as well as increased intimacy (Siffert & Schwarz, 2011). Psychologists and counselors have implemented a range of methodologies and interventions aimed at augmenting marital adjustment and refining conflict resolution techniques, including but not limited to, group training for couples grounded in the therapeutic relationship framework (Sahar khanjani Veshki et al., 2014); group therapy centered on enhancing quality of life (Karimi et al., 2019); and Integrated Couple Therapy informed by self-regulation and attachment theories (Arianfar & Etemadi, 2017), which have been employed to bolster marital adjustment. Furthermore, interventions such as the Interpersonal Relationship Skills Enrichment Training Program (Shokri & Pourshahria, 2019), emotion-focused couple therapy, and Gottman-based couple therapy (Sakizadi et al., 2015) have been utilized to enhance conflict resolution strategies.

In light of the aforementioned discussions and empirical evidence, it appears that Acceptance and Commitment Therapy is efficacious in augmenting marital adjustment and ameliorating conflict resolution strategies among couples experiencing discord. In conjunction with pharmacological interventions, a multitude of psychological therapies have been formulated over the years to address psychological issues, including Acceptance and Commitment Therapy, which represents a prominent modality within the third wave of behavioral therapies, aimed at assisting clients in attaining a meaningful, fulfilling, and satisfactory life through the cultivation of psychological flexibility (Amouei et al., 2024; Hayes & Pierson, 2005; Mahmoudi Nodezh et al., 2022). The primary objective of this therapeutic approach is to diminish cognitive avoidance while simultaneously fostering psychological flexibility. An individual exhibiting psychological flexibility refrains from evading undesirable experiences and does not endeavor to alter or control them; consequently, rather than expending energy on avoidance strategies, they direct their efforts

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towards values and enhancing quality of life (Hayes et al., 2011; Rahmani et al., 2024). In this context, the individual remains unaffected by their disruptive mental experiences; alternatively, they may experience exacerbation, necessitating a comprehensive acceptance of such experiences. The subsequent phase underscores the importance of the individual's psychological awareness in the present moment, facilitating recognition of their mental and physical states, thoughts, emotions, and behaviors as they occur. In the third stage, individuals are instructed to dissociate from these cognitive experiences (cognitive dissociation) to enable independent functioning apart from these experiences. Following this, the fourth stage emphasizes the reduction of excessive preoccupation with the self-image related to one's life narrative (for instance, the victimization persona that individuals may construct within their mental framework). In the fifth phase, the individual is guided to identify their personal values and to operationalize these into specific behavioral objectives, thereby clarifying values and ultimately motivating the individual to engage in committed actions aligned with the defined goals and values, all while embracing subjective experiences (Mirzaei & Kholasezadeh, 2019; Motamedi et al., 2019).

Upon examining the attributes delineated for the acceptance and commitment-based methodology, this approach is theoretically regarded as one of the suitable therapeutic interventions for enhancing conflict resolution strategies among couples in conflict. However, according to the investigator's findings, there has been a conspicuous lack of empirical efforts directed toward assessing the efficacy of this method in addressing the aforementioned discord within the population of conflicting couples. Consequently, the neglect of the acceptance and commitment-based approach and its consequent training in ameliorating conflict resolution strategies for couples in conflict can be construed as a significant deficiency within the extant research literature, which the current study intends to partially address. Accordingly, in light of this context, the present investigation will be undertaken with the objective of evaluating the comparative effectiveness of acceptance and commitment therapy on conflict resolution strategies in couples experiencing conflict; it seeks to address the inquiry: does acceptance and commitment therapy exert a positive influence on conflict resolution strategies among conflicting couples?

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Material and Methods

This investigation was conducted utilizing a semi-experimental design, specifically employing a pretest-posttest framework with a control group. Prior to the implementation of the intervention, both the control and experimental cohorts underwent a pretest, and subsequently, a posttest was administered to evaluate the impact of acceptance and commitment therapy on conflict resolution strategies. The statistical population for this research encompassed all couples experiencing conflict in Kermanshah in 2021, who sought assistance from counseling centers due to marital disputes and had been clinically diagnosed with marital conflict by a licensed psychologist. The sample for the study consisted of two groups, each comprising 15 individuals, who were selected through simple random sampling and then randomly assigned to either the experimental or control groups. The experimental group was subjected to acceptance and commitment therapy, whereas the control group received no intervention and remained on a waiting list. Participants were required to complete an informed consent document alongside the questionnaire and were provided with essential information regarding the objectives of the research as well as their right to withdraw from the study at any point.

Instrument

Conflict Resolution Questionnaire: The Conflict Resolution Styles Questionnaire was designed by Rahim (1986) to measure conflict resolution styles. The questionnaire utilized in this study comprises 28 items divided into five subscales: integration (7 items), commitment (6 items), dominance (5 items), avoidance (6 items), and compromise (4 items), with participants providing responses on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Within this instrument, two principal categories of conflict resolution strategies—positive and negative—are derived from the integration of the five identified strategies. More specifically, the positive conflict resolution strategy is constituted by the aggregate of the integration, compromise, and commitment strategies, while the negative conflict resolution strategy is formed by the sum of the avoidance and dominance strategies. Achieving the highest score in any particular subscale signifies the predominant use of that specific conflict resolution approach by the individual. Rahim and Magner (1995) have extensively employed this questionnaire and deemed it a valid instrument across various domains within social science research. Haghighi et al. (2012) undertook the standardization of this questionnaire and computed the factor loadings through exploratory factor

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analysis, which yielded values spanning from 0.55 to 0.96. The reliability of the questionnaire was established using Cronbach's alpha for its subscales, which ranged from 0.70 to 0.75. Furthermore, the reliability of the instrument ascertained through the classification method was reported as 0.68 (Haghighi et al., 2012). The findings from the exploratory factor analysis further corroborated that this questionnaire comprises the aforementioned five factors, collectively elucidating 70.81% of the total variance (Haghighi et al., 2012). Ultimately, Haghighi et al. (2012) affirmed the validity and reliability of the Persian version of Rahim's Conflict Resolution Methods Questionnaire as satisfactory and within the acceptable parameters. In the research conducted by Zamani et al. (2018) the reliability of the questionnaire, as measured by Cronbach's alpha, was determined to be 0.76 for the integration scale, 0.71 for commitment, 0.70 for dominance, 0.76 for avoidance, and 0.71 for compromise.

Procedure

Acceptance and commitment therapy was implemented in the form of weekly sessions and in 9 sessions in the experimental group. A summary of the intervention sessions is presented in Table 1.

Table 1. Summary of the sessions of the acceptance and commitment therapy protocol

Session	Content
1	Introduction and implementation of the pre-test - understanding the nature of emotion, thoughts, and action; Creating creative helplessness (discouraging the adolescent from controlling their internal experiences such as negative thoughts and negative emotions)
2	Investigating the habit of avoiding emotions, replacing the desire (acceptance) of experiences instead of avoiding them, preparing the client for mindfulness
3	Changing the client's relationship with internal experiences, implementing mindfulness and cognitive dissonance exercises
4	Expanding mindfulness skills, practicing awareness of emotions along with discussing it, the difference between clean and dirty suffering
5	Providing an introduction to setting effective goals related to values, raising and identifying adolescent values, the difference between values and goals
6	Proposing self-concept and the self as a context for identifying steps of action (small behaviors to achieve larger goals)
7	Practice mindfulness while walking, identifying goals to achieve values, the Fear model to identify obstacles to achieving values
8	Teaching the client to be their own therapist, the difference between slipping and relapse, normalizing a level of negative emotions, the gradualness of progress and goals
9	Summary and evaluation- Post-test

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Results

In this investigation, subsequent to the evaluation of the statistical premises, both univariate and multivariate analyses of covariance, along with repeated measures, were employed to scrutinize the data. Furthermore, the statistical analysis was conducted utilizing the SPSS 24 software.

To assess the efficacy of acceptance and commitment therapy on conflict resolution strategies among couples experiencing conflict in Kermanshah, a multivariate analysis of covariance (MANCOVA) was administered. The outcomes of this analytical procedure and the examination of its foundational assumptions are delineated in the subsequent sections.

Table 2. Results of the covariance matrix homogeneity test (Box-M)

Box's-M	F	DF1	DF2	P
15.03	0.820	15	3623.68	0.65

As illustrated in Table 2, the significance level derived from the Box-M test is recorded at 0.666. Given that this value exceeds the significance threshold (0.05) requisite for the rejection of the null hypothesis, the null hypothesis pertaining to the homogeneity of the covariance matrix is upheld.

Table 3. Results of Levene's test for homogeneity of variances

Variable	F	DF1	DF2	P
Integrity	2.229	1	30	0.146
Committed	0.228	1	30	0.637
Dominant	0.498	1	30	0.486
Avoidant	2.837	1	30	0.103
Compromise	0.079	1	30	0.780

As depicted in Table 3, the findings from Levene's test yield no significant results across any of the variables examined. Consequently, the null hypothesis asserting the homogeneity of variances for the variables is corroborated.

Table 4. Results of multivariate analysis of covariance for comparison of conflict resolution strategies in the acceptance and commitment based therapy and control groups

Effect	Test	Value	F	Effect DF	Error DF	P
Group	Pillai's trace	0.454	3.498	5	21	0.019
	Wilks's lambda	0.546	3.498	5	21	0.019
	Hotelling's effect	0.833	3.498	5	21	0.019
	Roy's largest root	0.833	3.498	5	21	0.019

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It is evident that the significance levels of all four pertinent multivariate statistics—namely the Pillai's trace, Wilks' lambda, Hotelling's effect, and the Roy's largest root —are below 0.01 ($p<0.01$). Therefore, the null hypothesis is rejected, indicating a statistically significant difference between the conflict resolution strategies of the acceptance and commitment therapy group and the control group in the post-test. Consequently, it can be inferred that acceptance and commitment-based therapy has a substantive impact on the conflict resolution strategies employed by couples. To further investigate the disparities between the two groups predicated on acceptance and commitment versus control in each conflict resolution strategy, a between-subjects effects analysis was conducted. The results of this analysis revealed a significant distinction in the conflict resolution strategies between the experimental and control groups in the post-test phase. A comparative analysis of the mean scores for the two groups in the post-test indicates an elevation in the mean scores for the integration, commitment, and compromise strategies within the experimental group, while a decline in mean scores for the dominant and avoidant strategies was noted.

Discussion

The primary objective of this research was to evaluate the efficacy of acceptance and commitment therapy in enhancing conflict resolution strategies among couples experiencing discord in Kermanshah. The findings revealed that acceptance and commitment therapy markedly enhanced conflict resolution approaches within the experimental group of couples. The results broadly affirm the efficacy of acceptance and commitment therapy for improving conflict resolution strategies in couples facing disputes. Furthermore, the data indicated that the mean scores for integration, commitment, and compromise strategies among participants in the intervention group exhibited a notable increase compared to those in the control group, whereas the mean scores for dominant and avoidant strategies demonstrated a decline. The outcomes obtained align with previous research findings within this domain (Amouei et al., 2024; Karimi et al., 2019; Mahmoudi Nodezh et al., 2022; Mirzaei & Kholasezadeh, 2019). For instance, Mirzaei and Kholasezadeh (2019) demonstrated that the implementation of acceptance and commitment therapy in the context of

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conflict resolution and its associated subscales, specifically the verbalization subscale, the reduction of neglect subscale, and the increase of forgiveness subscale, proved to be effective.

In elucidating the implications of the findings from this study, the effectiveness of ACT therapy can be ascribed to its capacity to foster agreement and impart strategies for coping with the intolerable facets of marital existence, as opposed to attempting to control them and the factors precipitating conflict. Conversely, this therapeutic approach prioritizes the identification of personal values and the cultivation of a meaningful existence for both oneself and one's spouse through the establishment of personal values, thereby enabling couples to reflect upon their life experiences in search of more effective living strategies. Acceptance and commitment therapy promotes the notion that individuals should embrace their cognitive processes as essential and authentic components for psychological adaptation, consequently diminishing negative cognitive schemas within individuals. ACT equips individuals with the tools to navigate challenging and critical circumstances with enhanced efficacy (Hayes et al., 2006).

Acceptance and Commitment Therapy (ACT), through its focus on addressing emotional avoidance, enhancing emotional responses, clarifying personal values, and fostering a commitment to behavioral modification, has demonstrated efficacy in assisting married women to enhance their marital relationships. Furthermore, by employing the skill of critical observation, these women were empowered to confront adverse emotions directly, particularly during therapeutic sessions, thereby enabling them to engage with these emotions rather than merely suppressing or challenging negative thoughts and feelings. Indeed, this therapeutic intervention facilitated an increase in authentic emotional exchanges and the sharing of positive sentiments among participants. This experiential journey allowed them to uncover their most profound aspirations and recognize the significance of their marital bond within the context of their lives. Specifically, according to the participants in this research, the articulation of values, particularly those that are shared within the marital framework, contributed to a reduction in interpersonal conflicts and an increase in the experience of pleasant and affirmative emotions. Consequently, it can be asserted that a notable advantage of ACT therapy lies in its capacity to instruct clients to fully inhabit their emotional and physical experiences without avoidance, thereby enabling them to pursue a value-driven trajectory for behavioral change.

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The explicit objective of ACT therapy is to diminish the efforts directed towards internal control, mitigate experiential avoidance, and enhance behavioral regulation alongside the aspiration to experience a diverse array of emotions (Levitt & Karekla, 2005). In this context, Hofmann and Asmundson (2008) assert that the primary aim of ACT therapy encompasses the treatment of emotional avoidance, the expansion of cognitive content, and the establishment and maintenance of commitment to behavioral adjustments. As a result, the women in the experimental cohort were able to significantly diminish their sensitivities and levels of control through acceptance and mindfulness practices, consequently leading to a marked reduction in marital discord and conflict. The constraints of this investigation include the absence of a follow-up period and the lack of control over the demographic characteristics of the research subjects. It is recommended that the effectiveness of this therapeutic approach be juxtaposed with other established methodologies within this domain, and that counselors and family therapists incorporate this therapeutic framework in couples and family therapy sessions as well as in educational programs aimed at addressing marital 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. 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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