The Effect of Acceptance and Commitment Therapy on the **Conflict Resolution Styles of Incompatible Marital Women**

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Abstract

Aim: Acceptance and commitment therapy (ACT) is one of the third-generation behavioral therapies in which it is attempted to increase the psychological relationship of an individual with his or her thoughts and feelings instead of changing cognition. The purpose of this study was the effectiveness of ACT on conflict resolution styles of incompatible marital women. Methods: This is a semi-experimental, pretest and posttest design and a 3-month follow-up. The statistical population of the study consisted of all incompatible women who referred to counseling centers in Arak in 2018. Therefore, 24 participants were selected by convenience sampling method and randomly assigned to one test groups and one control group of 12 participants for each. Data were collected in the pretest, posttest and follow-up stages with (the Conflict Resolution Styles Scale or Rahim Organizational Conflict Inventory-II). The test group received a therapeutic intervention based on ACT for twelve 90-min sessions, but no therapy was provided for the control group. After the completion of treatment sessions, both groups were subjected to posttest. The data were analyzed using analysis of variance with repeated measures and Bonferroni post-hoc test. Results: The results showed that there was a statistically significant difference between the posttest scores of the test group compared with that of the control group (P < 0.05), and the difference was suitably sustainable during the time. Conclusion: ACT is considered as an effective intervention in improving conflict resolution styles.

Keywords: Acceptance and commitment therapy, conflict resolution styles, incompatible married women

INTRODUCTION

The family system, which is contingent on opposite-sex marriage, is one of the most important social systems. [1] Marriage is the most important event in human life cycle, whereby a person enters a mutual relationship with their spouse. Marriage is also the most important relationship in every human's life, [2] while it is a challenging institution. Although most marriages start well, couples are not eventually satisfied with their marriages.[3]

Conflicts are the core of romantic relationships.^[4] Buehler et al. defined marital conflicts as follows "it refers to the disagreements, stressful and hostile interactions between a wife and a husband, and desecration, which may be accompanied by insults." However, the ability to effectively manage and resolve conflicts can foster a strong relationship, enabling couples to establish an intimate relationship.^[5]

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Conflicts are generally classified into the constructive and nonconstructive categories. A constructive conflict is resolved through compromise and positive appropriate solutions, whereas a nonconstructive conflict is fueled by threats and tyrannical inappropriate solutions. [6] A constructive approach to marital conflicts provides for intimacy, whereas nonconstructive solutions for conflicts may increase anxiety and disorders in couples' relationships.^[7]

The conflict resolution styles are behaviors displayed by humans in a conflict to dominate the situation. Rahim^[8]

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classified the conflict resolution styles into five categories, and concern for self and concern for others during conflicts were the basis for this classification. These conflict resolution styles are the integrating style, avoiding style, compromising style, dominating style, and obligating style. In the integrating style, the efforts are shared by the couple. This style is characterized by openness, communication, analysis of differences, and discovery of mutually agreed-on solutions. The avoiding style is, on the other hand, characterized by isolation, avoiding responsibilities, avoiding conflict, ignoring disagreements, and neutrality. Trade-offs and mutual decisions form the pivot of the compromising style. The dominating style is based on competitions and threatening attitudes. Finally, in the obligating style, it is tried to reduce differences and stress the similarities to win others' satisfaction. [9,10]

Marital conflict resolution styles are more important than conflicts because marital conflicts determine the continuity of marriage or opposition. Hence, conflict resolutions styles are key to successful marriages, and great conflict resolution techniques elongate relationships.^[11]

Research results suggest that conflict resolution styles are linked to marital commitment, [12] marital burnout, [13] the quality of couple's relationship, [7,14,15] and marital satisfaction. [16]

Acceptance and commitment therapy (ACT) is one of the effective treatments for marital conflicts. ACT seeks to bring about psychological flexibility through the following six processes: acceptance, diffusion, self as a context, contact with the present moment, values, and committed action. [17] ACT primarily aims to teach the individuals how to stop controlling their thoughts, how to detach from unwanted thoughts, and how to tolerate unwanted emotions. [18] ACT enables the patients to improve their relationships using their subjective experiences, reduce avoidance of experience, and increase flexibility to successfully adjust. It also teaches the patients to move in a valued direction. [19]

Numerous studies have been carried out on the applications of ACT. For example, Amani *et al.*^[20] analyzed the effectiveness of ACT on marital distress, marital conflicts, and optimism. Their findings revealed the positive effect of ACT on marital conflicts and marital distress. Samadi and Doostkam^[21] also explored the effect of ACT on marital adjustment in infertile women. They reported that ACT improves marital adjustment in infertile women. Azimifar *et al.*^[22] conducted a study to analyze and compare the effects of cognitive-behavioral couple therapy and ACT on the marital happiness of dissatisfied couples. They stated that the cognitive-behavioral couple therapy and ACT increased marital happiness in dissatisfied couples.

If conflicts are managed poorly, they can ruin marriages and harm the physical and emotional health of couples.^[23] Besides, the destruction of marital relationships is the most common manifestation of severe conflicts.^[24] Hence, rational conflict resolution styles can effectively prevent conflicts that ruin

families. These styles can also help find better solutions to couples' problems, and conflicts can be settled by dint of marital counseling and effective interventions. Moreover, given the efficiency and effectiveness of ACT, which focuses on the fundamental deep relationship problems, it is necessary to adopt this approach in this society. To wit, ACT can serve as a suitable solution for increasing marital joy and evoking couples' positive feelings for each other and their relationships. Therefore, the overarching goal of this research was to study the effect of ACT on the conflict resolution styles of incompatible marital women. In other words, this research was an attempt to explore the effect of ACT on the conflict resolution styles of incompatible marital women.

METHODS

This quasi-experimental study was carried out using a pretest—posttest design and a 3-month follow-up program with an experimental group and a control group. The independent research variable was ACT, while the conflict resolution styles formed the dependent variable.

The dependent variable data were collected in the pretest, posttest, and follow-up phases. The statistical population for this research included all of the incompatible women who visited the counseling centers of Arak City in 2017. The convenience sampling technique was used in this research, and notices were put up in some counseling centers in Arak that were affiliated with the Welfare Organization to hold the therapy sessions and collect the samples. First, the clients were registered and then, they were interviewed about the inclusion and exclusion criteria by the researcher. Finally, 24 clients were selected and were classified into two 12-member groups, namely, the experimental group and the control group, using the random assignment technique (by drawing lots). The sample size was determined considering the number of members in the experimental group varied between 5 and 10. At most, three more members could be added to the sample to prevent damage to the group in the case of early attrition.^[25] The inclusion criteria in this research were as follows: women who did file for divorce; women aged between 25 and 40 years; women with at least 1 year of marital life experience; women with at least 6 months of marital incompatibility experience; women with at least a high school diploma; and women who gave informed consents and were willing to attend the therapy sessions. The exclusion criteria were also as follows: receiving any other treatment at least in the course of the research; being absent for more than three sessions; failing to accomplish the tasks in the course of the program, and expressing unwillingness to cooperate. The repeated measures test and Bonferroni post hoc test were also carried out to analyze the data. The demographic data are shown in Table 1.

Rahim Organizational Conflict Inventory-II

This inventory was designed by Rahim^[8] to assess the conflict resolution styles. This 28-item scale assesses five conflict resolution styles. The five conflict resolution styles are the

Table 1: Demographic data of participants						
Demographic variables	Sub variables	ACT group	Control group	P		
Age	20-25 years olds	1	4	0.67		
	26-30 years olds	3	3			
	31-35 years olds	3	2			
	36-40 years olds	5	3			
Education	Diploma	3	4	0.58		
	Advanced diploma	3	3			
	Under graduate	6	4			
	Postgraduate	0	1			
Job	Unemployed	5	6	0.67		
	Self-employed	5	3			
	Employee	2	3			

ACT: Acceptance and commitment therapy

integrating style (questions 26-24-18-17-7-6-1), avoiding style (24-14-13-11-4-3), compromising style (questions 27-21-19-9), dominating style (questions 23-20-15-12-10), and obligating style (questions 28-25-16-8-2-5). The questions are rated based on a five-point Likert scale from "fully disagree," "disagree," "neutral," "agreed," and "fully agreed," which represent scores 1, 2, 3, 4, and 5, respectively. Rahim (1983) carried out a collective study on 1219 samples to assess the validity and reliability of this inventory. The factor analysis revealed five conflict resolution styles. The calculation of the reliability coefficients in the retest phase and the internal consistency of the five subscales of this inventory also yielded satisfactory results. Moreover, Rahim and Magner^[26] carried out a study on 1417 samples to analyze the factor structure of this questionnaire. Their findings confirmed the satisfactory convergent and divergent validities of this inventory. In their research, the internal consistency of this scale varied between 0.76 and 0.85 using Cronbach's alpha coefficient. Finally, Haghighi et al. [27] analyzed the psychometric properties of this questionnaire and reported a reliability coefficient in the range from 0.70 to 0.75 using the Cronbach's alpha coefficient of the subscales. The reliability of the instrument was obtained in this research from 0.71 to 0.83 by Cronbach's alpha coefficient.

Procedure

At the beginning of the research, both groups completed Rahim's ROC-II inventory. Afterward, the experimental group members attended twelve 90-min ACT group training sessions that were held once a week. The patients were treated by a researcher, who had previously attended the ACT training workshop in MehrAndish Counseling Center in Arak and had earned their certificate. The control group was also on the waitlist. At the end of the research, both groups completed Rahim's Rahim Organizational Conflict Inventory-II questionnaire, and a 3-month follow-up was conducted. Some of the moral considerations taken into account in this research were as follows: the participants' awareness of the research process, their consent, their authority to withdraw from the research, the confidentiality of the information collected

from the respondents, and the individual and complementary counseling services provided following the research.

Intervention

A treatment plan was formulated to determine the ACT sessions after reviewing the studies by Izadi and Abedi, [28] Harris, [29] and Harris. [30] Table 2 shows the intervention sessions' contents.

RESULTS

The participants in the experimental and control groups were compared with respect to their age, education, employment status, how they met, the consent of the spouse's family for marriage, and the consent of the participant's family for marriage. However, no significant difference was observed.

The descriptive indicators of the components of the conflict resolution styles for the experimental and control groups during the three phases of the study are listed in Table 3. As seen, the mean score of the constructive conflict resolution styles (the integrating and compromising styles) in the posttest and follow-up phases increased, whereas the mean score of the nonconstructive conflict resolution styles (the avoiding, dominating, and obligating styles) decreased.

According to Table 3, the effects of ACT on the components of the conflict resolution styles of the incompatible marital women are significant considering the posttest scores (P < 0.05). Moreover, there is a difference between the effects of time on the components of the conflict resolution styles in the pretest, posttest, and follow-up phases regardless of the group (P < 0.05). The effect of the interaction between groups and time is also statistically significant (P < 0.05). Hence, the effect of the ACT on the conflict resolution styles is confirmed.

The results listed in Table 4 mirror the significant difference between the mean scores of the control and ACT groups on the constructive conflict resolution styles (the integrating and compromising styles) (P < 0.05). A negative mean difference reflects an increase in the mean score of the ACT group as compared to the control group. Moreover, the difference between the mean scores of the control and ACT groups on the components of the nonconstructive conflict resolution styles (the avoiding, dominating, and obligating styles) are significantly different (P < 0.05). The positive difference between these mean scores is indicative of a decrease in the mean score of the ACT group as compared to the control group, reflecting the effectiveness of ACT in improving the nonconstructive conflict resolution styles of the incompatible marital women.

The comparison of the mean scores in Figure 1 reveals that the mean score of the ACT group on the conflict resolution styles (the integrating and compromising styles) increased as compared to the control group, reflecting the effectiveness of ACT in improving the conflict resolution styles (the integrating and compromising styles). In addition, the mean score of the ACT group on the nonconstructive conflict resolution styles (the avoiding, dominating, and obligation styles) decreased as compared to the control group, indicating the

Table 2: Acceptance and commitment therapy sessions					
Session Educational content		Treatment style			
1st session	Making communication and making subjects ready	Manner of holding sessions, primary contracts			
2 nd session	Conceptualizing the problem	Making a good relationship, investigating the problem and conceptualizing the problem from the viewpoint of members and consultation			
3 rd session	Selecting between staying and going	Selection, healthy communication levels (openness, concentration, and eagerness)			
4th session	1. Couples' problem	First psychological toxin: Mind engagement, first antitoxin: Getting rid of mind			
5 th session	2. Couples' problem	Second psychological toxin: Highlighting the expectations, second antitoxin: Weakening expectations (not removing them)			
6 th session	3. The couples' problem	Third psychological toxin: Ambiguous values, third antitoxin: Clear value and dominating the skills to move along with the values (conflict-solution and effective communication)			
7 th session	4. Couples' problem	Fourth psychological toxin: Cutting communication, fourth antitoxin: Uniting with the spouse (openness, acceptance, and curiosity)			
8th session	5. Couples' problem	Fifth psychological toxin: Attempting to avoid, fifth antitoxin: Tending to suffer, introducing control methods			
9 th session	Values	Couple values, identifying impediments against values, choosing couple value and making it objective			
10 th session	Action impediments and anti- toxin of internal impediments	Identifying action imped iments, acceptance and diffusion as the antitoxin of internal impediments of change			
11th session	Antitoxin of external impediments	Problem-solving as the antitoxin of external impediments of change			
12 th session	Psychological fog	Introducing psychological fog (what happens when you mix with your thoughts), introducing psychological fog layers (layer of musts, there is nowhere to try, if only, just if., painful past, scary future, etc			

Table 3: Mear	n and sta	ndard deviat	ion of studie	d variables	
Variable	Group	Mean±SD			
		Pretest	Posttest	Follow up	
Integrating style	ACT	26.50±2.84	31.83±1.58	30.83±4.16	
	Control	26.75 ± 3.08	26.25 ± 2.63	25.08±3.6	
Avoiding style	ACT	20.75 ± 4.22	12±3.91	12.16±4.06	
	Control	22.50 ± 4.01	23.08 ± 3.58	22.16±3.76	
Dominating	ACT	19.75 ± 2.59	11.16 ± 2.72	11.50±2.24	
style	Control	18.83 ± 3.64	19.25±3.77	19.75 ± 3.82	
Compromising style	ACT	12.83 ± 2.29	18.16 ± 1.03	18.08±1.50	
	Control	12.50 ± 1.88	12.42 ± 1.73	12.67±1.78	
Obligating style	ACT	22±3.13	14.42 ± 3.92	16.25±4.43	
	Control	22.83±3.37	21.67±3.42	21.25±2.56	

ACT: Acceptance and commitment therapy, SD: Standard deviation

effectiveness of ACT in undermining the nonconstructive conflict resolution styles (the avoiding, dominating, and obligating styles).

The research data were analyzed in SPSS 23 using the repeated measures analysis of variance and Bonferroni *post hoc* techniques [Table 5]. The variance homogeneity hypothesis was tested through a Leven test which revealed its insignificance. It also confirmed the variance homogeneity hypothesis (P > 5%). Moreover, Mauchly's test of sphericity was carried out to analyze the covariance uniformity of the conflict resolution styles, and the Greenhouse-Geisser test was conducted.

DISCUSSION

The present research was an attempt to analyze the effect of ACT on the conflict resolution styles of the incompatible

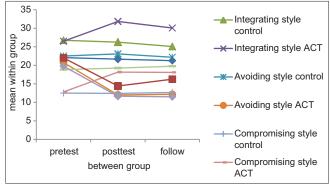


Figure 1: The intra- and inter-group diagram of the conflict resolution styles

marital women. The research results unraveled the significant effectiveness of ACT in improving the conflict resolution styles of incompatible marital women. Besides, this positive effect showed acceptable stability over time. These findings are in line with the findings reported by other researchers such as Adile and Rafiee, [31] Kavousian *et al.*, [32] Samadi and Doostkam, [21] Peterson *et al.*, [33] Mohammadi *et al.*, [34] Moosavi *et al.*, [35] and Morshedi *et al.* [36]

To explain the findings from this research, it could be stated that ACT differently conceptualizes the marital issues. Therefore, the combination of controlling and avoiding strategies in a marital relationship preserves and increases marital distress, conflicts, and emotional divorce. Assuming thoughts are real, making pessimistic assessments, and taking actions on the basis of these assessments are the causes of the preserved negative communication cycle in couples' relationships.^[33]

Table 4: The results of mixed analysis of variance Variable SS F P Effect size Source df MS **Observed** power Integrating style Between groups 213.56 11.08 0.003 0.33 0.89 Group 213.56 1 Error 423.94 22 19.27 Within groups 54.61 Time 71.08 1.3 7.55 0.006 0.26 0.83 123.86 1.3 95.16 13.16 < 0.001 0.37 0.97 Time × group 207.06 28.63 7.23 Error Avoiding style Between groups 1042.72 1042.72 25.74 < 0.001 0.54 Group 1 891.06 40.5 22 Error Within groups 205.02 49.5 < 0.001 0.69 Time 293.53 1.43 218.4 312.69 1.43 52.74 < 0.001 0.71 1 Time \times group Error 130.44 31.5 4.14 Dominating style Between groups 475.35 1 457.35 18.67 < 0.001 0.46 0.98 Group Error 560.19 22 25.46 Within groups 242.33 1.21 200.29 47.23 < 0.001 0.68 Time 1 330.11 1.21 272.84 64.33 < 0.001 0.74 Time × group 1 112.89 26.62 4.24 Error Compromising style Between groups 264.5 39.69 Group 264.5 1 < 0.001 0.64 22 164.61 6.66 Error Within groups Time 113.86 1.48 76.7 46.2 < 0.001 0.68 1 110.58 74.49 Time × group 1.48 44.87 < 0.001 0.67 1 Error 54.22 32.66 1.66 Obligating style Between groups 0.95 304.22 1 304.22 14.35 0.001 0.39 Group 466.22 22 21.19 Error Within groups 218.69 2 109.35 < 0.001 0.38 13.64 Time 1 161.19 2 80.6 1.05 < 0.001 0.31 0.98 Time × group Error 352.78 44 8.02

SS: Sum of squares, MS: Mean of squares

Table 5: Pair-wise comparisons though Bonferoni post hoc test

Variable	Group (I)	Group (J)	Mean differences (I-J)	Р
Integrating style	Control	ACT	-3.44	0.003
Avoiding style	Control	ACT	7.61	< 0.001
Dominating style	Control	ACT	5.14	< 0.001
Compromising style	Control	ACT	-3.83	< 0.001
Obligating style	Control	ACT	4.11	0.001

ACT: Acceptance and commitment therapy

On the other hand, Hayes and Lillis^[17] argued that instead of focusing on the elimination of the risk factors, the ACT helps couples accept their controlled emotions and understandings to get rid of verbal rules that create the problems. It also enables couples to avoid conflicts.

By increasing understanding and mindful acceptance, ACT enables couples to experience negative marital thoughts and reactions in a new way and become less involved with them. The avoidance-based thoughts and situations prevent growth and progress, and thus, they must be isolated and accepted. The clarification of values and commitment to them also allow couples to improve the quality of their relationship and their marital satisfaction and reduce psychological pain and inter-personal pain.^[33]

Moreover, as a result of this acceptance, ineffective family conflicts transform into openness and fundamental changes, allowing couples to accept their thoughts and emotions effortlessly. It also enables couples to think, feel, and resolve their conflicts with a nonjudgmental approach. Relationships change through inner experiences (by increasing inner awareness). In addition, it is recommended to foster a nonjudgmental, compassionate experienced-based relationship

because the absence of judgment and flexibility benefits couples' relationships in different ways. In fact, couples who avoid judgments and give flexible behavioral, cognitive, and emotional responses experience increased marital satisfaction.[18] Similar to other studies, there were also constraints on this research which must be taken into account in the generalization of the results. This study was only conducted on women and thus, its results must be cautiously generalized to couples. The convenience sampling technique and the self-report scales were among the other constraints on the present study. Hence, it is recommended to assess the effect of this approach on other dimensions of marital life. A comparison of the effects of the ACT with the other couple and family therapy approaches is also recommended to gain an in-depth understanding of the effectiveness of this therapy in the cultural context of Iran.

CONCLUSION

According to the findings from this research, the ACT improves the conflict resolution styles of incompatible marital women. This research also brought about theoretical and practical achievements. On the theoretical level, our findings confirmed the previous research findings. On the practical level, the findings from this research can form the basis for training and treatment plans.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Aslani K, Jamei M, Rajabi G. The effect of communication education on quality of marital relationships of couples. J Appl Psychol 2016;9:37-53.
- Mondol J. Marital Adjustment: Extension of Psychophysical Well-Being. India: Lambert Academic Publishing; 2014.
- Manap J, Kassim AC, Hoesni S, Nen S, Idris F, Ghazali F. The purpose of marriage among single Malaysian youth. J Procedia Soc Behav Sci 2013;82:112-6.
- Ha T, Overbeek G, Lichtwarck-Aschoff A, Engels RC. Do conflict resolution and recovery predict the survival of adolescents' romantic relationships? PLoS One 2013;8:e61871.
- Somohano VC. Mindfulness, Attachment Style and Conflict Resolution Behaviors in Romantic Relationships. (Doctoral dissertation): Humboldt State University; 2013.
- Babapour J. Investigating the relationship between communication conflict resolution styles and psychological well-being among university students. J Mod Psychol Res 2007;4:27-46.
- Dildar S, Sitwat A, Yasin S. Intimate enemies: Marital conflicts and conflict resolution styles in dissatisfied married couples. Middle East J Sci Res 2013;15:1433-9.

- Rahim MA. A measure of styles of handling interpersonal conflict. Acad Manage J 1983;26:368-76.
- Ben-Ari R, Hirshberg I. Attachment styles, conflict perception, and adolescents' strategies of coping with interpersonal conflict. Negot J 2009;25:59-82.
- Goodwin, Jenny, Resolving Auditor-Client Conflicts Concerning Financial Statement Issues (March 2001). Available from SSRN: https:// ssrn.com/abstract=268375.
- Weisskirch RS, Delevi R. Attachment style and conflict resolution skills predicting technology use in relationship dissolution. J Comput Hum Behav 2013;29:2530-4.
- Yoosefi N, Karimipour B, Amani A. The study model of religious beliefs, conflict resolution styles, and marital commitment with attitudes toward marital infidelity. Biannual J Appl Couns 2016;6:47-64.
- 13. Karimi P, Karami J, Dehghan F. Relationship between attachment styles and conflict resolution styles and married employee's marital burnout. J Women Soc 2015;5:53-70.
- Horrocks AM. Financial Management Practices and Conflict Management Styles of Couples in Great Marriages. Logan, Utah, United States: Utah State University; 2010.
- Mousavi SF. Investigating interactions, conflic resolution styles and marital quality; trend analysis based on age and duration of marriage. J Cult Educ Women Fam 2016;34:25-50.
- Azadifard S, Amani R. Relationship of relationship beliefs and conflict resolution styles with marital satisfaction. J Clin Psychol Pers 2016;14:39-47.
- Hayes SC, Strosahl KD. A Practical Guide to Acceptance and Commitment Therapy. United States, New York: Springer Science and Business Media: 2004.
- Hayes-Skelton SA, Roemer L, Orsillo SM. A randomized clinical trial comparing an acceptance-based behavior therapy to applied relaxation for generalized anxiety disorder. J Consult Clin Psychol 2013;81:761-73.
- Gilbert P. The origins and nature of compassion focused therapy. Br J Clin Psychol 2014;53:6-41.
- Amani A, Isanejad O, Alipour E. Effectiveness of acceptance and commitment group therapy on marital distress, marital conflict and optimism in married women visited the counseling center of Imam Khomeini relief foundation in Kermanshah. Shenakht J Psychol Psychiatry 2018;5:42-64.
- Samadi H, Doostkam M. Investigating the effectiveness of acceptance and commitment therapy (ACT) on marital compatibility in infertile women. J Thought Behav Clin Psychol 2017;11:67-76.
- Azimifar S, Fatehizadeh M, Bahrami F, Ahmadi A, Abedi A. Comparing the effects of cognitive – Behavioral couple therapy & acceptance and commitment therapy on marital happiness of dissatisfied couples. Shenakht J Psychol Psychiatry 2016;3:56-81.
- Dunham SH. Emotional skillfulness in African American Marriage. Intimate Safety as a Mediator of the Relationship Between Emotional Skillfulness and Marital Satiisfacation. University of Akron; 2008.
- Gottman J. Why Marriage Succeed or Fail: What you can Learn from the Break Through Research to Make Your Marriage Last. New York: Simon & Schuster: 1994.
- Earley J. Interactive Group Therapy: Integrating, Interpersonal, Action-Orientated and Psychodynamic Approaches. New York: Taylor and Francis; 2013.
- Rahim MA, Magner NR. Confirmatory factor analysis of the styles of handling interpersonal conflict: First-order factor model and its invariance across groups. J Appl Psychol 1995;80:122-32.
- Haghighi H, Zareie E, Ghaderi F. Factor structure and psychometric characteristics conflict resolution styles questionnaire Rahim (ROCI-II) in Iranian couples. J Fam Couns Psychother 2012;4:534-61.
- Izadi R, Abedi MR. Acceptance and Commitment Therapy. Tehran, Iran: Jangal Publications; 2014.
- Harris R. ACT with Love: Stop Struggling, Reconcile Differences, and Strengthen your Relationship with Acceptance and Commitment Therapy. Oakland, CA: ReadHowYouWant.com; 2010.
- 30. Harris R. The Happiness Trap. Tehran, Iran: Danje Publications; 2014.
- Adile SR, Rafiee M. Firoozabad, Islamic Azad University, Firoozabat Branch – Welfare Office of Firoozabad City. [Persian]. Effect of Acceptance and Commitment Therapy (ACT) on Parental Stress and

- Conflict Resolutions Styles of Incompatible Women in Alborz. National Conference on Social and Psychological Disturbances; Firoozabad, Islamic Azad University, Firoozabat Branch; 2018.
- Kavousian J, Harifi H, Karimi k. The efficacy of acceptance and commitment therapy (act) on marital satisfaction in couples. J Health Care 2016;18:75-87.
- Peterson BD, Eifert GH, Feingold T, Davidson S. Using acceptance and commitment therapy to treat distressed couples: A case study with two couples. Cogn Behav Pract 2009;16:430-42.
- Mohammadi E, Arshadi FK, Farzad V, Salehi M. The effectivness of acceptance and commitment therapy (act) on marital satisfaction among depressed women. Knowl Res Appl Physiol 2015;17:26-35.
- Moosavi MS, Rashidi A, Golmahammadian M. Effectiveness of acceptance and commitment therapy on increasing marital satisfaction of the veteran and freedman wives. Biannual J Appl Couns 2014;5:97-112.
- 36. Morshedi M, Davarniya R, Zahrakar K, Mahmudi MJ, Shakarami M. The effectiveness of acceptance and commitment therapy (ACT) on reducing couple burnout of couples. Iran J Nurs Res 2016;10:76-87.