

The Effectiveness of Acceptance and Commitment Therapy on Emotion Regulation Difficulties and Zest for Life in Couples Seeking Divorce

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ABSTRACT

The aim of the present study was to determine the effectiveness of Acceptance and Commitment Therapy (ACT) on emotion regulation difficulties and zest for life in couples seeking divorce. The research method was quasi-experimental with a pretest-posttest design and a control group. The statistical population consisted of couples seeking divorce who referred to counseling centers in Tehran in 2023. A convenience sampling method was used, and the sample included 28 individuals (14 in the experimental group and 14 in the control group). Data collection instruments included the Difficulties in Emotion Regulation Questionnaire and the Zest for Life Questionnaire. The experimental group received ACT-based therapy in 90-minute weekly sessions for eight weeks, while the control group did not receive any specific intervention. After the intervention, both groups were re-evaluated. The findings indicated that the mean posttest scores for emotion regulation and zest for life in the experimental group were significantly different compared to the control group. Therefore, Acceptance and Commitment Therapy has a significant effect on emotion regulation difficulties and zest for life in couples seeking divorce.

Keywords: Acceptance and Commitment Therapy, Emotion Regulation Difficulties, Zest for Life, Couples Seeking Divorce.

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Introduction

Marriage is considered the most significant human relationship and one of the most enduring interpersonal bonds, as it serves as the foundation for establishing family relationships and raising the next generation (1). One of the indicators of a healthy marital life is marital stability, which refers to the continued

legal existence of the marriage relationship within a family over time (2). In other words, marital stability refers to emotional and cognitive states, as well as actions taken to preserve the marriage before its dissolution (3).

Low or absent marital satisfaction is one of the primary reasons individuals seek help from therapists, which threatens the family system as the fundamental unit of a healthy society. Divorce is both a familial and social problem whose negative consequences impact most members of society in some way. Divorce is a phenomenon with various economic, social, and psychological consequences; among these, addressing the psychological dimension holds particular importance. Couples who divorce face numerous individual and interpersonal problems. In this process, they are likely to experience identity disturbance, hopelessness, lifestyle changes, and significant challenges in social and occupational relationships. Divorce is accompanied by psychological stress and family dysfunction, which can lead to emotional and behavioral problems and thereby jeopardize individuals' health (4).

Emotion regulation difficulties are another variable that can contribute to marital conflict. Emotion regulation difficulties arise from the lack of adaptive emotional regulation strategies (such as cognitive reappraisal and problem-solving), combined with the use of maladaptive strategies (such as emotional suppression) to manage emotional responses (5). Emotion regulation strategies play an important role in physical and psychological well-being by modifying and improving cognitive beliefs to regulate emotional states and responses. Difficulties in emotion regulation involve various dimensions, including problems in awareness and understanding of emotions, lack of emotional acceptance, difficulty engaging in goal-directed behavior and avoiding impulsive actions during negative emotional experiences, and lack of access to effective emotional regulation strategies (6).

A crucial component of effective and meaningful living is zest. Zest for life is essential because it is the only effective way to confront life's obstacles. It is not merely about enduring, accepting, or coping with circumstances—it involves embracing experiences (7, 8). Zest for life aligns with the concept of life's meaning and occurs when an individual can identify a pattern or purpose within life events (9). Zest refers to a strong desire for an activity, object, or person and is present across many contexts. It is easily assessable and refers to individuals who strive for excellence in a particular domain. Various scholars have interpreted this concept as an individual's motivational tendency toward achieving personal goals (10).

Acceptance and Commitment Therapy (ACT) aims to enhance psychological skills through six core processes: acceptance, cognitive defusion, contact with the present moment, self-as-context, values, and committed action. The first three are categorized as acceptance and mindfulness skills, while the latter three are considered behavior change strategies. ACT posits that psychological suffering results from psychological inflexibility, which is reinforced by cognitive fusion and experiential avoidance. This means individuals attempt to avoid or change unpleasant emotions, sensations, or thoughts, yet such efforts are ineffective and paradoxically intensify the very experiences they seek to avoid (11). The ultimate goal of ACT is to increase the frequency of value-based living. The core assumption of ACT is that much of psychological distress is a normal part of the human experience. Although experiential avoidance may offer short-term relief, it exacerbates problems and distress over time and prevents individuals from living meaningful, purposeful, and passionate lives (12).

Therefore, the present study seeks to answer the following question: Does Acceptance and Commitment Therapy affect emotion regulation difficulties and zest for life in couples seeking divorce?

Methods and Materials

Study Design and Participants

The research method employed was quasi-experimental, using a pretest-posttest control group design. The statistical population consisted of couples seeking divorce who referred to counseling centers in Tehran in 2023. The sampling method was convenience sampling, and the sample size included 28 individuals (14 in the experimental group and 14 in the control group). Data were collected using the Difficulties in Emotion Regulation Questionnaire and the Zest for Life Questionnaire. Participants in the experimental group received Acceptance and Commitment Therapy (ACT) in 90-minute sessions held once a week for eight weeks, while the control group did not receive any specific intervention. At the end of the intervention period, both groups were re-evaluated.

Data Collection

Difficulties in Emotion Regulation Questionnaire (DERS): This questionnaire was developed by Gratz and Roemer (2004) to assess difficulties in emotion regulation. It consists of 36 items and includes six subscales: non-acceptance of emotional responses, difficulty engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree; 0–10%) to 5 (strongly agree; 90–100%). Higher scores indicate greater difficulty in emotion regulation and vice versa. According to previous studies, this questionnaire demonstrates high internal consistency (Cronbach's alpha = .93), and each subscale shows acceptable reliability (Cronbach's alpha > .80). The questionnaire also shows a significant correlation with the Acceptance and Action Questionnaire. In the Iranian population, the Cronbach's alpha reliability coefficient was reported as .92. Furthermore, the results of Shams et al. (2010) indicated that all subscales of the DERS were negatively and significantly correlated with the Distress Tolerance Scale, supporting the criterion and construct validity of the instrument.

Zest for Life Questionnaire: The Zest for Life Questionnaire was developed by Ramazan Hassanzadeh in 2015 and includes 50 items. It is scored on a 5-point Likert scale (strongly agree to strongly disagree). Items 8, 11, 13, 16, 19, 27, 33, and 44 are reverse scored: (strongly agree = 1, agree = 2, neutral = 3, disagree = 4, strongly disagree = 5), whereas the remaining items are scored directly: (strongly agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1). The reliability of the questionnaire was measured with a Cronbach's alpha of .93 and a test-retest reliability of .85. Concurrent validity was reported with the following scales: Ryff's Psychological Well-being Scale (.61), Meaning in Life Scale (.59), Life Attitude Profile (.68), Satisfaction with Life Scale (.63), and Life Orientation Test (.70). A higher score indicates a greater zest for life, while a lower score reflects a reduced zest for life.

Intervention

The intervention protocol consisted of Acceptance and Commitment Therapy (ACT) delivered over eight weekly sessions, each lasting 90 minutes. The protocol followed the standard ACT model, incorporating six

core therapeutic processes: acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action. Each session included experiential exercises, mindfulness practices, and metaphors aimed at increasing psychological flexibility. Participants were guided to observe their thoughts and emotions without judgment, identify and connect with personal values, and take actionable steps aligned with those values despite internal discomfort. Homework assignments and reflective discussions were used to reinforce session content and promote behavioral change between sessions.

Data analysis

Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics, including the Kolmogorov–Smirnov test to assess the normality of data distribution and analysis of covariance (ANCOVA) to examine the effectiveness of the intervention while controlling for pretest scores. All statistical analyses were performed using SPSS software, and a significance level of $p < .05$ was considered the threshold for statistical significance.

Findings and Results

As shown in Table 1, there were substantial changes in the posttest stage for the study variables due to the intervention.

Table 1. Descriptive Statistics (Means and Standard Deviations)

Variables	Group	N	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Emotion Regulation Difficulties	Control	14	62.27	6.17	64.45	6.74
	Experimental	14	63.37	6.56	50.68	5.89
Zest for Life	Control	14	47.86	5.62	48.21	5.15
	Experimental	14	49.42	5.83	60.18	6.68

The results of the Kolmogorov–Smirnov test indicated that the significance level (Sig) was greater than or equal to 0.05 for all variables. Therefore, the null hypothesis stating that the variables are normally distributed is confirmed, and the data are considered parametric.

Table 2. ANCOVA Results for Emotion Regulation Difficulties

Subscales	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Statistical Power
Posttest	Pretest	105.98	1	105.98	24.47	.042	.06
	Group	208.617	1	208.617	128.68	.001	.53

Table 2 shows a statistically significant difference between the posttest mean scores for the reduction of emotion regulation difficulties in couples after controlling for the pretest effect. Therefore, the posttest mean scores significantly indicate a reduction in emotion regulation difficulties in the experimental group compared to the control group. Hence, Acceptance and Commitment Therapy has a significant effect on reducing emotion regulation difficulties in couples seeking divorce.

Table 3. ANCOVA Results for Zest for Life

Subscales	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Statistical Power
Posttest	Pretest	196.737	1	196.737	15.46	.042	.07
	Group	367.691	1	367.691	105.38	.045	.58

Table 3 shows a statistically significant difference between the posttest mean scores for increased zest for life in couples after controlling for the pretest effect. Therefore, the posttest mean scores significantly

indicate an increase in zest for life in the experimental group compared to the control group. Hence, Acceptance and Commitment Therapy has a significant effect on enhancing zest for life in couples seeking divorce.

Discussion and Conclusion

The findings indicated that the posttest mean scores for emotion regulation in the experimental group were significantly different from those in the control group. Therefore, Acceptance and Commitment Therapy (ACT) has a significant effect on reducing emotion regulation difficulties in couples seeking divorce. These results are consistent with the prior findings (13-15).

ACT is effective because, throughout the intervention, it utilizes mindfulness skills, acceptance, and cognitive defusion to enhance psychological flexibility. Psychological flexibility, in turn, increases clients' ability to engage with their present experience and act in ways consistent with their chosen values. This present-moment experience allows clients to encounter change as it truly is, rather than how their minds construct it.

This approach also emphasizes present-moment awareness, helping individuals become conscious of their current psychological and physical states, thoughts, feelings, and behaviors. Clients are then taught to distance themselves from these internal experiences in a way that allows them to act independently of them. The next step involves reducing over-identification with the narrative self—the autobiographical story the individual has constructed. Subsequently, clients are supported in identifying their personal values and translating them into specific behavioral goals. Ultimately, clients are motivated to engage in committed actions aligned with these values, while also accepting their internal experiences.

Additionally, the findings showed that the posttest mean scores for zest for life in the experimental group were significantly higher than those in the control group. Thus, ACT significantly enhances zest for life in couples seeking divorce. These results are in line with the prior findings (8, 16, 17).

In ACT, interventions include exercises that disrupt the literal meaning of internal events. The aim of these exercises is to teach clients to see thoughts as merely thoughts, emotions as merely emotions, and memories as merely memories. ACT techniques strongly emphasize reducing cognitive fusion. When cognitive fusion is reduced—that is, when cognitive defusion occurs—the individual becomes disentangled from the content of their thoughts. This means the individual can view a thought simply as a thought (acceptance) rather than as a fact, and thus does not act upon it automatically.

In fact, when a client behaves contrary to a thought—even in the presence of that thought—and instead acts according to personal values rather than internal content, a new experience emerges. If previously the client avoided action due to unpleasant thoughts or emotions, now they act despite those thoughts and emotions, and this leads to a realization of their own capabilities and an increase in self-efficacy. ACT enables clients, first and foremost, to change their relationship with internal experiences, reduce experiential avoidance, increase flexibility, and take action toward meaningful goals. Changing the relationship with internal experiences involves broadening and clarifying inner awareness.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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