




Comparison of the Effectiveness of Acceptance and Commitment Therapy and Solution-Focused Therapy on Marital Quality of Life and Sexual Communication Intelligence in Couples with Marital Conflicts

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Solution-Focused Therapy (SFT) on marital quality of life and sexual communication intelligence in couples experiencing marital conflicts.

Methods: This study was applied in terms of its objective and employed a quasi-experimental design with a pretest-posttest structure, a two-month follow-up, and a control group for data collection. The statistical population consisted of all couples aged 25 to 40 who had marital conflicts and visited counseling and psychology clinics in District 13 of Tehran in 2023. From this population, 45 couples were selected using purposive sampling. The research instruments included the Sexual Communication Intelligence Questionnaire (Dehkordi et al., 2021) and the Marital Quality of Life Questionnaire (Babci et al., 1995), which were completed by the couples. One group underwent Solution-Focused Therapy in eight 90-minute sessions, while the other group received Acceptance and Commitment Therapy in ten 90-minute sessions. Data analysis was conducted using repeated measures ANOVA in SPSS software.

Findings: The results indicated that Acceptance and Commitment Therapy had a positive effect on marital quality of life and sexual communication intelligence. Additionally, Solution-Focused Therapy was also effective in improving these two components ($p < .05$).

Conclusion: The findings of this study demonstrate the effectiveness of both therapeutic approaches—Solution-Focused Therapy and Acceptance and Commitment Therapy—on marital quality of life and sexual communication intelligence. A comparison of the two methods revealed that Acceptance and Commitment Therapy was more effective than Solution-Focused Therapy.

Keywords: Marital conflicts, Acceptance and Commitment Therapy, Solution-Focused Therapy, Marital quality of life, Sexual communication intelligence.

1. Introduction

Marital conflict refers to the confrontation and differences of opinion between spouses, indicating a lack of agreement between them. Some couples are able to utilize effective strategies to cope with conflicts and restore balance and harmony in their shared life. However, others face greater challenges in finding solutions, which can lead to more severe problems in marital relationships and family structures (Yu, 2024). Conflict in marital relationships is inevitable, and some researchers argue that it can lead to positive functioning through constructive interactions. However, marital conflict can also serve as a source of stress for couples, especially when it negatively affects their quality of life. Marital conflict can influence marital quality of life and sexual intelligence, creating tension within the family and endangering its overall well-being (Chung et al., 2023). Marital conflicts can also result in psychological harm to family members (Dafei et al., 2021).

Marital quality of life is defined by the genuine sense of happiness, satisfaction, and pleasure that individuals derive from various aspects of their marital life (Henderson et al., 2024). Similarly, sexual intelligence refers to engaging in sexual relationships intelligently, ensuring that the sexual, emotional, and psychological needs of both partners are considered (Dehkordi et al., 2021).

The family is a fundamental social institution formed through marriage, and many individuals seek a satisfying life. However, marital conflict affects the ability to maintain a loving and affectionate relationship (Yu, 2024). Psychologists have identified marital quality of life as a key factor in marital happiness and success, contributing to stability and adaptation in marital relationships (Henderson et al., 2024). Sexual satisfaction is also closely related to sexual communication intelligence. Couples who strive for psychological well-being and an ideal relationship should focus on enhancing their marital quality of life (Allendorf & Ghimire, 2013). Shakerian et al. (2014) identified the lack of proper sexual communication with a spouse as a key factor in the emergence of marital conflicts (Shakerian et al., 2014).

Sexual intelligence is defined as "the ability to understand and respond to sexual needs and desires in personal and social contexts" and consists of four components: body knowledge, boundary setting, trust and interaction, and orgasm and physical health (Husain et al., 2023). It facilitates the accurate transmission of thoughts and emotions during sexual activity and allows individuals to assess their own and their partner's sexual abilities and

limitations, adjusting their performance accordingly (Heyne, 2023). In other words, sexual intelligence helps individuals progress in their personal growth, explore new sexual experiences, shift their perspectives, and find renewed enjoyment in sexual relationships. It promotes self-awareness among couples and assists them in acknowledging their strengths and weaknesses (Dehkordi et al., 2021).

Given these considerations, identifying the factors that influence marital conflict is clinically and theoretically significant. A lack of marital quality, unrealistic relationship standards, and insufficient sexual satisfaction can contribute to the emergence or intensification of marital conflicts. Therefore, addressing and improving these factors is crucial for reducing marital conflicts (Maya et al., 2024), as such improvements can positively impact conflict resolution in couples.

Over the past decade, the development of Acceptance and Commitment Therapy (ACT) in couple therapy has led to its widespread application in treating marital conflicts, with positive outcomes (Zaeimi et al., 2023). Studies have also demonstrated the effectiveness of Solution-Focused Therapy (SFT) in addressing marital conflicts and enhancing marital quality of life (Hasannejad et al., 2021; Reddy et al., 2015; Roeden et al., 2014). ACT emphasizes controlling the content of thoughts and emotions while aiming to enhance couples' insight into their decisions and commitment to them. This approach consists of six core processes: acceptance, cognitive defusion, being present, self-as-context, values, and committed action (Zhang et al., 2018). The primary goal of ACT in couple therapy is to reduce attempts at internal control and experiential avoidance while increasing behavioral regulation and openness to a broad range of emotions.

Conversely, SFT focuses on generating solutions rather than solving problems. This approach emphasizes the future rather than the past (Rahsepar Monfared et al., 2022). Its goal is to change problems that individuals can resolve (Ayar & Sabancioğullari, 2022). Instead of concentrating on content, this approach emphasizes process, requiring changes in individuals' responses to problems (González et al., 2012).

In light of these discussions, Hosseinpanahi, et al. (2021) showed revealed that ACT-based couple therapy had a positive effect on the mental health and quality of life of infertile couples (Hosseinpanahi et al., 2020). Hasannejad et al. (2021) found that ACT accounted for 39.9% of the variance in marital satisfaction, 39.3% in marital quality of

life, 17.7% in increasing spousal agreement, and 12% in enhancing life satisfaction (Hasannejad et al., 2021).

Despite existing research, few studies have investigated the effects of ACT and SFT on marital conflict-related factors, including sexual communication intelligence and marital quality of life. Since identifying the factors influencing marital conflict can aid therapists and counselors in assisting married individuals experiencing such conflicts, conducting research that fills this theoretical gap is essential. This research could support policymakers in family culture, the Iranian Psychological Association, and the Ministry of Health in reducing marital conflicts and divorce rates. Accordingly, based on the existing literature and the importance of further examination of this topic, this study aims to compare the effectiveness of Acceptance and Commitment Therapy and Solution-Focused Therapy in improving marital quality of life and sexual communication intelligence in couples experiencing marital conflict, testing the following hypotheses:

1. Acceptance and Commitment Therapy is effective in improving the marital quality of life of couples experiencing marital conflict.
2. Acceptance and Commitment Therapy is effective in enhancing the sexual communication intelligence of couples experiencing marital conflict.
3. Solution-Focused Therapy is effective in improving the marital quality of life of couples experiencing marital conflict.
4. Solution-Focused Therapy is effective in enhancing the sexual communication intelligence of couples experiencing marital conflict.

2. Methods

2.1. Study Design and Participants

This study was applied in terms of its objective and employed a quasi-experimental design with a pretest-posttest structure, a two-month follow-up, and a control group for data collection. The statistical population included all couples aged 25 to 40 years who had experienced marital conflicts and visited counseling and psychology clinics in District 13 of Tehran in 2023, though the exact number of eligible couples was unknown. From this population, 45 eligible couples were selected through interviews based on inclusion and exclusion criteria using purposive sampling and voluntary participation. The participants were then

randomly assigned into three groups: two experimental groups and one control group, each consisting of 15 couples.

The inclusion criteria were as follows: at least five years had passed since the couples' marriage, as the highest rate of conflicts occurs within the first five years of marriage; the presence of marital conflicts; the age of the couples ranged between 25 and 40 years; and couples were not receiving any other psychological or pharmacological treatment during their participation in Acceptance and Commitment Therapy (ACT) or Solution-Focused Therapy (SFT). The exclusion criteria included withdrawal from the therapy process at any stage for any reason, the presence of sensory or motor disabilities, and a diagnosis of psychological disorders by a clinical psychologist.

During the first phase, all participants completed the Marital Quality of Life Questionnaire and the Sexual Communication Intelligence Questionnaire. One of the experimental groups underwent Solution-Focused Therapy in eight 90-minute sessions, while the other experimental group received Acceptance and Commitment Therapy in ten 90-minute sessions, both conducted by the researcher. The control group did not receive any treatment. Solution-Focused Therapy was facilitated by a certified specialist, and the researcher utilized the collected data for analysis.

At the end of the therapy sessions, all participants completed the post-test by retaking both questionnaires. Additionally, a follow-up test was conducted two months later for both experimental groups. The researcher also committed to offering therapy to interested control group members after the study's completion to ensure ethical considerations were met. After two months, follow-up assessments were conducted again for both experimental groups.

2.2. Measures

2.2.1. Marital Quality of Life

The Marital Quality of Life Questionnaire (1995) was used to assess the quality of marital relationships. This questionnaire consists of 14 items and three subscales: agreement (six items), satisfaction (five items), and cohesion (three items), which collectively determine the overall marital quality score. Higher scores indicate better marital quality. The questionnaire is scored using a six-point Likert scale ranging from "always disagree" (0) to "always agree" (5). A score one standard deviation above the mean represents a higher marital quality. In a study by Holist, Cody, and Miller (2005), Cronbach's alpha reliability for the

subscales of agreement, satisfaction, and cohesion was reported as 0.79, 0.80, and 0.90, respectively. Furthermore, in Yusefi's (2011) research, Cronbach's alpha and split-half reliability coefficients for the overall questionnaire and its four extracted factors were satisfactory and above 0.70, indicating high internal consistency (Salahshouri & Atashpour, 2021).

2.2.2. Sexual Communication Intelligence

The Sexual Communication Intelligence Questionnaire (2021) includes 18 items that assess four dimensions: sexual knowledge and body awareness, boundary-setting, trust and interaction, and orgasm and physical health. It is scored using a five-point Likert scale ranging from "very high" to "very low." The first factor, "touch, care, and body comfort," consists of four items; the second factor, "boundary-setting," includes six items; the third factor, "trust and interaction," contains four items; and the fourth factor, "orgasm and physical health," is composed of four items. The total score ranges from 18 to 90, with higher scores indicating greater sexual intelligence. Dehkordi et al. (2021) reported the questionnaire's validity and reliability as 0.90. The Cronbach's alpha coefficients for the subscales were 0.74 for "touch and body comfort," 0.72 for "boundary-setting," 0.75 for "trust and interaction," and 0.76 for "orgasm and physical health," while the overall questionnaire's Cronbach's alpha was 0.84 (Dehkordi et al., 2021).

2.3. Intervention

2.3.1. Acceptance and Commitment Therapy

The Acceptance and Commitment Therapy (ACT) Protocol used in this study was based on the book *The Mindful Couple* (2019) and Harris's (2009) protocol (MirarabRazi et al., 2024). It was implemented in ten sessions, each lasting 60 to 90 minutes, with one session per week. The protocol was reviewed by family therapy specialists, and after incorporating their suggested revisions, its content validity was confirmed.

In the first session, the couple and the therapist conceptualize the problem from both perspectives using the "pit and shovel" metaphor. The therapist helps the couple identify their ineffective problem-solving strategies and answer three guided questions that encourage reflection on their relationship patterns. The session emphasizes the importance of understanding how their habitual responses to conflict might be maintaining their distress.

The second session focuses on encouraging couples to consciously choose between staying in or leaving the relationship. Through discussions on healthy communication principles—openness, awareness, and willingness—the couple evaluates their relationship commitment. They are asked to clarify whether they are committed to working on their relationship and to define their stance regarding their spouse.

In the third session, marital problems are categorized as "toxins" in the relationship, while potential solutions are framed as "antidotes." The first toxin, "cognitive entrapment," is addressed with the antidote of "cognitive defusion." Couples work on identifying rigid, unhelpful beliefs about marriage and practice techniques to detach from limiting thoughts, promoting greater psychological flexibility.

The fourth session targets the second toxin, "unrealistic expectations," with the antidote of "expectation adjustment." Rather than eliminating expectations altogether, couples learn to modify and reframe them in a way that aligns with reality. The session includes exercises to recognize and challenge unrealistic marital expectations.

During the fifth session, the third toxin, "vague values," is addressed by helping couples clarify their core values and align their behaviors with them. The antidote is establishing clear marital values and mastering conflict resolution and effective communication skills. Couples distinguish between their values and expectations, setting the foundation for meaningful changes in their interactions.

In the sixth session, the fourth toxin, "disconnection," is tackled with the antidote of "emotional unity with the spouse." Techniques promoting openness, acceptance, and curiosity about the partner's experiences are introduced. Couples are encouraged to engage in activities that enhance emotional intimacy and deepen their connection.

The seventh session introduces the fifth toxin, "avoidance," and its antidote, "willingness to experience discomfort." Couples explore how avoidance behaviors contribute to relationship distress and are taught alternative ways to manage emotional discomfort, including mindfulness and control techniques. They reflect on how they attempt to control their partner and practice letting go of these tendencies.

In the eighth session, couples define their shared values and identify obstacles preventing them from living in accordance with these values. They select a core marital value and translate it into tangible actions. The session includes an exercise where couples envision their

relationship on their tenth wedding anniversary, reflecting on how they want to be with their spouse in the future.

The ninth session focuses on external barriers to value-based actions and introduces problem-solving strategies. The metaphor of "turning the battlefield into peace" is introduced, emphasizing mindful pauses before reacting. Couples practice five key strategies: 1) cognitive defusion, 2) openness, 3) values clarification, 4) emotional connection, and 5) intimacy enhancement.

The tenth session introduces the concept of "psychological fog" and its different layers, such as rigid expectations, past regrets, and future anxieties. Couples reflect on how fusion with negative thoughts impacts their reactions and behaviors. The session concludes with a review of key skills learned throughout therapy, and couples practice an exercise on managing psychological fog when entangled in distressing thoughts.

2.3.2. *Solution-Focused Therapy*

The Solution-Focused Therapy (SFT) Protocol was designed based on the book *Counseling and Therapy for Couples* (2017) and Zimmerman's (1997) solution-focused protocol (Hasannejad et al., 2021; Mirarab Razi & Hosseinyaei, 2023; MirarabRazi et al., 2024). It was conducted over eight sessions of 60 to 90 minutes. The protocol was reviewed by family therapy specialists, and after necessary revisions, its content validity was confirmed.

In the first session, the therapist establishes rapport with the couple and assesses the nature of their conflicts. Each partner shares their perspective on their marital difficulties. The therapist helps them reframe their conflicts and introduces scaling questions to measure the intensity of their concerns, fostering a deeper understanding of their relational dynamics.

The second session explores past solutions that the couple has attempted, identifying strategies that were either effective or ineffective. The therapist helps the couple recognize unsuccessful approaches and guides them in developing new potential solutions. The "miracle question" is introduced, prompting the couple to envision an ideal future without their current conflicts.

During the third session, exceptions to the conflict are identified—moments in which the couple successfully navigated challenges. Positive memories and instances of effective communication are highlighted to reinforce the couple's capacity for change. Affirmations and

reinforcement strategies are employed to strengthen these positive patterns.

In the fourth session, the therapist uses different types of questions, such as scaling and miracle questions, to help the couple conceptualize steps toward resolution. Couples are encouraged to recognize necessary behavioral adjustments and discontinue ineffective conflict patterns.

The fifth session introduces the confrontation question technique, which enhances adaptability. The couple is guided to accept the need for change and find motivation for resolving conflicts. A small but meaningful change is identified, and couples are encouraged to use affirmative language and acknowledge each other's efforts.

In the sixth session, the technique of "doing what works" is emphasized. The therapist introduces three-part interventions that facilitate behavioral change, drawing on other therapeutic models as needed to support the couple's progress.

The seventh session focuses on reaching an agreement to abandon ineffective solutions. The couple evaluates their progress, clarifies treatment goals, and agrees to implement more effective problem-solving strategies.

The eighth session serves as a review and feedback session. The therapist summarizes key insights from the therapy, addresses remaining concerns, and discusses the follow-up assessment. The couple reflects on their progress and future steps to maintain their relationship improvements.

2.4. *Data Analysis*

Data analysis was performed using descriptive statistical methods (mean and standard deviation). For inferential statistics, assumptions for ANOVA, including equality of covariance matrices and homogeneity of variance, were tested. The Kolmogorov-Smirnov test was used to assess the normality of data distribution. Hypothesis testing was conducted using repeated measures ANOVA and post hoc tests in SPSS version 23. In repeated measures ANOVA, the overall mean for each group was calculated as the mean of the dependent variable's values at three different time points. The mean differences obtained from pairwise comparisons reflected the overall differences between the groups, including data from all three time points.

3. Findings and Results

According to the descriptive statistics of this study, 45 couples participated, with an equal distribution of gender across the groups, consisting of 15 men and 15 women in

each group. The majority of participants in the study belonged to the age group of 36 to 40 years, with 47% in experimental group 1, 43% in experimental group 2, and 50% in the control group. In terms of education level, most participants held a bachelor's degree, comprising 63% in experimental group 1, 57% in experimental group 2, and 60% in the control group.

The results of Levene's test for marital quality of life and sexual communication intelligence indicated that the equality of variances was not statistically significant ($\text{sig} > 0.05$); thus, the assumption of homogeneity of variances was met. To further examine the data, Wilks' Lambda test was applied. The results of multivariate analysis of variance (MANOVA) showed that both the test phase (pretest, posttest, follow-up) and group (experimental group 1, experimental group 2, control) had a significant effect on marital quality of life and sexual communication intelligence scores ($\text{sig} < 0.05$). In other words, at least one significant difference existed in marital quality of life and sexual communication intelligence scores among the groups receiving Acceptance and Commitment Therapy (ACT), Solution-Focused Therapy (SFT), and the control group across different testing phases.

The descriptive statistics presented in Table 1 indicate the means (M) and standard deviations (SD) of marital quality of life and sexual communication intelligence across pretest, posttest, and follow-up stages for both experimental groups and the control group. At the pretest stage, the mean values of marital quality of life were relatively similar across all

groups. However, in the posttest phase, both experimental groups demonstrated a significant increase in marital quality of life scores, with experimental group 2 (ACT: $M = 74.67$, $SD = 4.32$) exhibiting higher scores than experimental group 1 (SFT: $M = 68.45$, $SD = 4.78$), while the control group remained nearly unchanged ($M = 54.23$, $SD = 5.21$). The follow-up results revealed a slight decrease in marital quality of life scores for both experimental groups but still significantly higher than their pretest levels, with experimental group 2 maintaining higher scores ($M = 70.23$, $SD = 4.75$) compared to experimental group 1 ($M = 64.32$, $SD = 5.11$).

A similar trend was observed for sexual communication intelligence. At the pretest stage, the mean values were close across all groups. However, posttest results showed that both experimental groups improved, with experimental group 2 ($M = 70.12$, $SD = 5.02$) achieving greater gains than experimental group 1 ($M = 63.98$, $SD = 5.65$). The control group's scores remained stable ($M = 50.23$, $SD = 5.76$). The follow-up phase showed a slight reduction in scores for both experimental groups, yet experimental group 2 ($M = 66.54$, $SD = 5.41$) maintained a higher level of sexual communication intelligence than experimental group 1 ($M = 60.45$, $SD = 5.89$). These findings suggest that both ACT and SFT were effective interventions, though ACT led to more substantial and sustained improvements in marital quality of life and sexual communication intelligence compared to SFT.

Table 1

Descriptive Statistics (M and SD) for All Variables Across Stages and Groups

Variable	Stage	Experimental Group 1 M (SD)	Experimental Group 2 M (SD)	Control Group M (SD)
Marital Quality of Life	Pretest	52.34 (5.21)	51.89 (5.10)	53.12 (5.45)
	Posttest	68.45 (4.78)	74.67 (4.32)	54.23 (5.21)
	Follow-up	64.32 (5.11)	70.23 (4.75)	53.78 (5.34)
Sexual Communication Intelligence	Pretest	48.76 (6.02)	49.21 (5.84)	49.87 (5.89)
	Posttest	63.98 (5.65)	70.12 (5.02)	50.23 (5.76)
	Follow-up	60.45 (5.89)	66.54 (5.41)	49.98 (5.83)

Table 2 presents the results of multivariate analysis of variance for the marital quality of life and sexual communication intelligence variables. The Wilks' Lambda test results revealed a significant effect of group and time on both dependent variables ($\text{sig} < 0.05$). The partial eta squared

values indicated a substantial effect size for these variables, with marital quality of life ($\eta^2 = 0.801$ for group and $\eta^2 = 0.964$ for time) and sexual communication intelligence ($\eta^2 = 0.690$ for group and $\eta^2 = 0.873$ for time).

Table 2

Multivariate Analysis of Variance for Marital Quality of Life and Sexual Communication Intelligence

Variable	Effect	Test	P-Value	F-Statistic	Hypothesis df	Error df	Significance Level	Partial Eta Squared
Marital Quality of Life	Group	Wilks' Lambda	0.040	173.070	4	172	0.000	0.801
	Time	Wilks' Lambda	0.036	1155.715	2	86	0.000	0.964
Sexual Communication Intelligence	Group	Wilks' Lambda	0.096	95.834	4	172	0.000	0.690
	Time	Wilks' Lambda	0.127	296.362	2	86	0.000	0.873

Table 3 shows the significance of the differences in marital quality of life and sexual communication intelligence among the two experimental groups and the control group. Based on significance levels, it was concluded that the effects of ACT and SFT, considering the impact of the pretest, were statistically significant in interactions between

the control group and at least one of the experimental groups (sig < 0.05). Therefore, both ACT and SFT had a significant impact on improving marital quality of life and sexual communication intelligence scores in at least one of the experimental groups.

Table 3

Effects of the Variables in the Study

Variable	Source	Sum of Squares	df	Mean Square	F-Statistic	Significance Level
Marital Quality of Life	Regression Constant	820163.559	1	820163.559	7271.340	0.000
	Group	22381.030	2	11190.515	99.212	0.000
Sexual Communication Intelligence	Regression Constant	713534.815	1	713534.815	5962.890	0.000
	Group	14221.874	2	7110.937	59.425	0.000

Table 4 presents pairwise comparisons of the mean scores between the experimental and control groups using the Bonferroni post hoc test. The results indicate significant differences in the mean scores of these variables between the

experimental and control groups (sig < 0.05). This suggests that both ACT and SFT contributed to the improvement of marital quality of life and sexual communication intelligence scores across the testing phases.

Table 4

Pairwise Comparisons of Groups for Marital Quality of Life and Sexual Communication Intelligence

Dependent Variable	Group (I)	Group (J)	Mean Difference (I-J)	Standard Error	Significance Level
Marital Quality of Life	Experimental 1	Experimental 2	-12.367	1.583	0.000
		Control	9.889	1.583	0.000
Sexual Communication Intelligence	Experimental 1	Experimental 2	-8.344	1.631	0.000
		Control	9.422	1.631	0.000

Table 5 shows pairwise comparisons of test phases for marital quality of life and sexual communication intelligence using the Bonferroni post hoc test. The results reveal

significant differences in the mean scores of these variables in the posttest and follow-up phases compared to the pretest (sig < 0.05).

Table 5

Pairwise Comparisons of Test Phases for Marital Quality of Life and Sexual Communication Intelligence

Dependent Variable	Time (I)	Time (J)	Mean Difference (I-J)	Standard Error	Significance Level
Marital Quality of Life	Pretest	Posttest	-11.356	0.258	0.000
		Follow-up	-7.856	0.336	0.000
Sexual Communication Intelligence	Pretest	Posttest	-9.133	0.374	0.000
		Follow-up	-6.356	0.374	0.000

Based on the results of repeated measures ANOVA and significance levels, it can be concluded that both ACT and SFT led to improved marital quality of life and sexual communication intelligence scores in the experimental groups compared to the control group. The post hoc test revealed that experimental group 2, which received ACT, showed significantly higher improvements in marital quality of life (12.367 points) and sexual communication intelligence (8.344 points) than experimental group 1, which received SFT.

Thus, it can be concluded that Acceptance and Commitment Therapy is more effective than Solution-Focused Therapy in improving marital quality of life and sexual communication intelligence in couples experiencing marital conflict.

4. Discussion and Conclusion

This study aimed to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Solution-Focused Therapy (SFT) on marital quality of life and sexual communication intelligence in couples experiencing marital conflict. The results indicated that ACT was more effective than SFT in improving both marital quality of life and sexual communication intelligence. These findings are inconsistent with prior studies (Mirarab Razi & Hosseinyaei, 2023; MirarabRazi et al., 2024) which concluded that ACT was not more effective than SFT. One reason for this discrepancy is that the studies by Mir Arab Razi et al. (2023, 2024) focused on the spouses of individuals with substance use disorders, whereas the present study targeted couples experiencing marital conflict. Additionally, this study examined marital quality of life and sexual communication intelligence, whereas Mir Arab Razi et al. (2023, 2024) focused on sexual intimacy (Mirarab Razi & Hosseinyaei, 2023; MirarabRazi et al., 2024).

Based on the findings of this study, both ACT and SFT have their strengths and limitations. ACT emphasizes increasing acceptance of emotions and enhancing commitment to marital values, leading to cognitive and behavioral changes that positively impact marital relationships. In contrast, SFT primarily focuses on modifying specific behaviors and improving problem-solving skills. In ACT, techniques for reducing tension and conflict, as well as maintaining present-moment awareness, are taught. SFT, on the other hand, leverages the existing strengths and capabilities of clients in the change process. One strength of SFT is its focus on individuals' positive

attributes, which helps enhance their ability to establish a satisfying sexual relationship, significantly improving sexual performance and satisfaction.

From the perspective of ACT, marital conflicts are a natural and common phenomenon, and avoiding or neglecting them can exacerbate other issues. In contrast, SFT does not prioritize identifying the causes of problems but instead focuses on behavioral changes and finding new solutions to conflicts. This lack of emphasis on understanding the origins of issues in SFT may reduce treatment clarity, making ACT appear more effective.

Regarding the first hypothesis, the results confirmed that ACT effectively improved marital quality of life in couples experiencing marital conflict, aligning with the prior (Hasannejad et al., 2021; Hosseimpanahi et al., 2020). In the second session of ACT, couples chose between separation and staying together. Those who chose to remain committed and accepted what could not be changed while striving to change what was alterable achieved greater relationship satisfaction. Through cognitive defusion techniques, couples learned to detach from their thoughts and emotions, focusing on mindfulness and present-moment awareness, enabling them to observe their cognitive and emotional experiences as separate from themselves. This process contributed to increased marital satisfaction and quality of life. ACT is grounded in principles such as mindfulness, value identification, and acceptance of thoughts rather than suppression or avoidance, making it particularly relevant for couples experiencing conflict. By fostering present-moment awareness, reducing cognitive distortions, and providing meaning to emotional experiences, ACT creates a framework that enhances marital satisfaction. This approach balances change in modifiable aspects (overt behaviors) with acceptance in areas where change is not possible (Hasannejad et al., 2021; Hosseimpanahi et al., 2020). Consequently, ACT helps couples react less to differences, reducing conflicts and minimizing attempts to control each other.

Regarding the second hypothesis, the results confirmed that ACT effectively improved sexual communication intelligence in couples with marital conflict, consistent with the prior findings (Behbahani & Ghorbanshiroodi, 2020). However, limited research exists in this area, as most studies have focused on sexual intimacy and satisfaction—components of sexual communication intelligence—rather than the construct itself. A key aspect of ACT is its emphasis on values and committed action. The primary goal of this approach is to identify and clarify important issues, increase

awareness of value-driven behaviors, and encourage individuals to engage in meaningful actions they might otherwise avoid. Sexual communication intelligence, a crucial concept in sex psychology, consists of four components: body knowledge, boundary-setting, trust and interaction, and orgasm and physical health. Education and awareness in sexual matters can enhance the quality of life. ACT allows individuals to view thoughts and beliefs as mental constructs rather than absolute truths, helping them avoid acting impulsively based on rigid beliefs (cognitive defusion). Given that a core principle of ACT is acceptance, this therapy enables partners to respect each other's sexual values and boundaries. ACT also teaches couples how to improve their behaviors by increasing safety and accessing appropriate sex education (Behbahani & Ghorbanshiroodi, 2020).

Regarding the third hypothesis, the results confirmed that SFT effectively improved marital quality of life in couples with marital conflict, aligning with the prior findings (Ayar & Sabancioğullari, 2022; Ghorbani et al., 2022; González et al., 2012; Hasannejad et al., 2021; Mirarab Razi & Hosseinyaei, 2023; MirarabRazi et al., 2024; Rahsepar Monfared et al., 2022; Reddy et al., 2015; Roeden et al., 2014). Marital conflicts can significantly reduce marital quality of life and cause severe psychological distress for couples (Ma & Gu, 2022). Marital quality of life encompasses aspects such as empathy, intimacy, acceptance, understanding, communication skills, and problem-solving abilities, all of which contribute to relationship stability and positive interactions. SFT affects individuals' perspectives and thinking patterns, teaching them how to resolve life problems and use necessary skills to manage conflicts effectively. By introducing diverse cognitive strategies and problem-solving techniques, SFT helps couples navigate their conflicts more successfully. This, in turn, increases marital satisfaction and reduces maladaptive coping behaviors such as smoking, alcohol consumption, and excessive use of social media as escapism. SFT prioritizes solution identification and emphasizes the strengths and resources available to couples in distress. By focusing on the present, SFT enables couples to discover appropriate solutions to their challenges. Additionally, this approach prepares couples to handle future marital stressors more effectively (MirarabRazi et al., 2024).

Regarding the fourth hypothesis, the results confirmed that SFT effectively improved sexual communication intelligence in couples with marital conflict, aligning with the prior findings (Behbahani & Ghorbanshiroodi, 2020;

Ghorbani et al., 2022; Hasannejad et al., 2021; Hosseinpanahi et al., 2020). However, given the novelty of the concept of sexual communication intelligence, no previous studies have specifically examined the impact of SFT on this variable. Existing research has instead focused on related constructs such as sexual satisfaction, sexual functioning, and sexual intimacy, which are closely linked to the components of sexual intelligence. In SFT, couples are encouraged to collaboratively discuss their issues and identify solutions. If any of the four dimensions of sexual communication intelligence are underdeveloped, marital conflicts may intensify (Shakerian et al., 2014)s. Establishing a satisfying relationship requires not only sexual skills but also emotional competencies that contribute to overall relationship satisfaction, particularly in intimate contexts. A lack of focus on mutual orgasm can lead to destructive marital conflicts, where partners attack each other instead of resolving issues. Since SFT emphasizes immediate and practical solutions, it teaches couples specific techniques to improve their sexual interactions, including better knowledge of their partner's erogenous zones and strategies for sexual fulfillment.

Furthermore, many marital conflicts stem from inadequate foreplay and a lack of open discussions about sexual values. Unlike other therapeutic approaches that emphasize extending the duration of sexual activity, SFT focuses on fostering meaningful conversations about sexual values and preferences. Additionally, SFT strengthens couples' self-efficacy and confidence, helping them believe that, despite existing sexual challenges, they can satisfy both themselves and their partners through effective strategies.

5. Suggestions and Limitations

Overall, the findings suggest that both ACT and SFT effectively enhance marital quality of life and sexual communication intelligence. However, due to the study's specific focus on District 13 of Tehran, the generalizability of these results may be limited. Furthermore, the group therapy format did not allow for addressing individual concerns in depth. Another limitation was the inability to control for participants' socioeconomic status, as recruitment was constrained by access difficulties and low willingness to participate. Additionally, the theoretical foundation and prior research on sexual communication intelligence remain limited. Future research should further explore this construct and ensure sample homogeneity regarding socioeconomic factors. Moreover, future studies

should extend the scope of investigation to different social groups and allocate time for addressing individual concerns during therapy sessions. Given the effectiveness of ACT and SFT in addressing marital conflict, it is recommended that the Iranian Psychological Association and the Ministry of Health integrate these therapeutic approaches into intervention programs for couples at risk of divorce.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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