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Comparing the Effectiveness of Realistic Acceptance and Commitment Therapy and Positive Psychotherapy on Distress Tolerance in Divorced Women of Baghdad

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A B S T R A C T

Objective: This study aimed to compare the effectiveness of Realistic Acceptance and Commitment Therapy (RACT) and Positive Psychotherapy (PPT) on distress tolerance in divorced women of Baghdad.

Methods and Materials: The research employed a quasi-experimental design with a pretest-posttest-follow-up structure, including two experimental groups and one control group. The statistical population comprised all divorced women in Baghdad, from which 45 women were selected using convenience sampling based on inclusion and exclusion criteria and were randomly assigned to the study groups. While the control group remained on the waiting list, the two experimental groups received 10 sessions of RACT training (Afshari et al., 2022) and PPT (Elmi Manesh & Zhaleh, 2018). All participants were assessed using the Distress Tolerance Scale by Gaher and Simons (2005) before the intervention, immediately after the intervention, and 45 days post-intervention. Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures ANOVA).

Findings: The findings indicated that both methods effectively improved distress tolerance, with RACT demonstrating greater effectiveness than PPT.

Conclusion: Based on these results, both approaches can be utilized to enhance distress tolerance in divorced women in Baghdad.

Keywords: *Realistic Acceptance and Commitment Therapy, Positive Psychotherapy, Distress Tolerance, Divorced Women, Baghdad*

1. Introduction

The fundamental structure of the family is under greater threat than ever, with rising divorce rates serving as a critical indicator of this challenge. Couples who once began their lives together with love and hope, raising children with aspirations of growth and prosperity, often face such severe conflicts that divorce becomes their last resort. In Iraq, statistics indicate that one-third of marriages end in divorce. According to data from Iraq (2019), 11,442 out of 39,394 marriages ended in divorce—a concerning figure. Many divorced women and children lack adequate care systems (Blbas, 2019), leaving them vulnerable to various challenges that complicate their lives.

Additionally, many women post-divorce may find themselves taking on child custody, earning an income to cover shelter and daily living expenses, and ensuring the well-being of themselves and their children. Some may lack adequate support systems, and their families may be unable to provide necessary assistance. The daily pressures of life, the loss of family life, spouse, and children, can subject them to immense stress that exceeds their coping capacity, leading to distress—a state where they perceive their problems as unsolvable and unmanageable (Moradi, 2023). Consequently, distress tolerance becomes increasingly difficult for them.

Distress tolerance is a multidimensional construct encompassing the ability to endure, evaluate, and accept emotional states, regulate emotions, manage attentional shifts driven by negative emotions, and the extent to which these contribute to functional impairments (Larrazabal et al., 2022). In essence, distress intolerance is an individual difference variable reflecting the capacity to experience and withstand emotional discomfort. It is increasingly recognized as a critical construct in understanding the onset and persistence of psychological disorders, as well as in prevention and treatment efforts (Shahabi et al., 2021). Individuals with low distress tolerance often engage in maladaptive behaviors, such as substance use, to alleviate emotional pain. Consequently, reduced emotional distress tolerance leads to maladaptive responses to stress and promotes avoidance of negative emotions and distressing situations (Lopez et al., 2024). Conversely, individuals with high distress tolerance are more likely to respond adaptively to stressful situations. Thus, distress tolerance predicts self-care thoughts, and higher distress tolerance is associated with better health and problem-solving capabilities.

Low distress tolerance is closely linked to a wide range of disorders, including self-harm behaviors, major depression, impulsivity, self-blame, and even increased suicide risk (Kyron et al., 2022). Therefore, enhancing distress tolerance among these women is essential.

One effective method in this regard is Acceptance and Commitment Therapy (ACT), which aims to help individuals improve their lives by fostering cognitive flexibility, accepting what is beyond their control, and engaging in committed actions. Key goals of this therapy include effective and mindful action aligned with personal values. This approach does not focus on modifying dysfunctional cognitions and beliefs but rather assists clients in achieving emotional acceptance in the initial stages. It educates them on the ineffectiveness of avoiding or controlling distressing mental experiences, encouraging complete acceptance. Subsequent steps emphasize mindfulness, where individuals become aware of their current psychological, physical, cognitive, emotional, and behavioral states.

The third stage involves cognitive defusion, where individuals learn to separate themselves from mental experiences and act independently of them (Arch et al., 2012). The fourth step involves reducing excessive focus on self-created narratives (e.g., victimhood). The fifth step focuses on identifying personal values and transforming them into practical behavioral goals (value clarification). Finally, clients are motivated to engage in committed, goal-oriented actions while accepting mental experiences (Alam & Mohanty, 2023; Hayes, 2019).

Although this method emphasizes acceptance and commitment to optimal behaviors, it places less emphasis on decision-making, addressing needs, and improving relationships. In this context, Reality Therapy teaches individuals to take responsibility for their behaviors, develop healthy relational habits, and fulfill their needs without interfering with the needs of others (Khalid, 2023). This therapy involves four steps: (1) evaluating desires: what does the client want? (2) evaluating performance: what actions have they taken to achieve their desires? (3) self-assessment: have these actions been effective? (4) planning: what steps should they follow to achieve their goals? (Glasser, 2019).

Afshari et al. (2022) introduced Realistic Acceptance and Commitment Therapy, combining ACT strategies with Reality Therapy techniques such as positive thinking, humor, paradoxical techniques, confrontation, healthy behavioral habits, and more (Afshari et al., 2023b).

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Another available method for improving the condition of individuals facing challenging circumstances is Positive Psychotherapy (PPT) (Seligman, 2010). This therapy aims to enhance well-being and happiness. Rashid and Seligman (2010) proposed a positive psychotherapy program encompassing four components: pleasure, engagement, meaning, and the full life. PPT not only reduces negative symptoms but also decreases vulnerability through direct and effective pathways by fostering positive emotions. With this approach, individuals learn to become happier, more hopeful, optimistic, active, and lively, allowing them to enjoy life themselves and help others around them do the same (Seligman, 2010).

The primary goal of this approach is to help individuals recognize and utilize their skills and abilities. This method emphasizes balancing attention to both negative and positive aspects simultaneously, enabling individuals to feel empowered and better manage challenges and negative experiences (Tao, 2018).

Divorced women often face challenges such as high levels of stress and distress post-divorce (Strizzi et al., 2021), economic difficulties (Shahabi et al., 2021), distress tolerance issues (Bachrach & Arntz, 2021), reduced resilience (Tao, 2018), and lower psychological well-being compared to married women (Sachan et al., 2019). They also experience feelings of distress, depression, and reduced self-esteem (Jeong et al., 2024).

Given that this group of women constitutes a significant part of society, and alongside material and emotional support, they need greater psychological strength to address life challenges, both approaches mentioned above appear effective. A review of prior research shows that various methods have been used to improve the psychological condition of divorced women. For instance, Khodadadi Jokar et al. (2022) compared the effectiveness of ACT and Imago Therapy (Khodadadi Jokar et al., 2023); Ahmadi et al. (2024) examined ACT schema therapy; Shahabi et al. (2021) investigated ACT (Ahmadi et al., 2024); Panahifar et al. (2023) compared schema therapy and ACT (Panahi Far et al., 2023); and Kamali and Mahdian (2023) explored Realistic ACT in improving psychological constructs among divorced women (Kamali & Mahdian, 2023).

Moreover, some studies have focused on PPT for improving the psychological state of women affected by divorce. For example, Jamshidzehi et al. (2021), Aboudi and Abedi (2019), and Elmi Manesh and Zhaleh (2018) demonstrated the effectiveness of PPT in enhancing the psychological state of such women (Elmi Manesh & Zhaleh, 2018; Jamshidzehi Bonyad & Shirazi, 2021). However, a review of databases up to the time of this article's writing shows no studies comparing the effectiveness of these two approaches on distress tolerance among divorced women in Baghdad. Consequently, the results of this research could help treat the psychological challenges of divorced women in Baghdad, prevent further issues, and improve their mental health.

The present study aims to address the following question: Is there a difference in the effectiveness of Realistic Acceptance and Commitment Therapy and Positive Psychotherapy on improving distress tolerance among divorced women in Baghdad?

2. Methods and Materials

2.1. Study design and Participant

This study aimed to compare the effectiveness of Realistic Acceptance and Commitment Therapy (RACT) and Positive Psychotherapy (PPT) on happiness and resilience among divorced women in Baghdad. The research employed a quasi-experimental design with a pretest-posttest structure, including two experimental groups and one control group. The statistical population consisted of all divorced women in Baghdad. From this population, 45 women were selected through convenience sampling based on inclusion and exclusion criteria and were randomly assigned to the research groups. While the control group was placed on a waiting list, the two experimental groups received ten 90-minute sessions of RACT (Afshari et al., 2022a) and PPT (Seligman, 2010, adapted from Elmi Manesh & Zhaleh, 2018). All participants were assessed using the Distress Tolerance Scale by Simons and Gaher (2005) before the intervention, immediately after the intervention, and 45 days post-intervention.

The statistical population of this study included all divorced women in Baghdad during the spring and summer of 2024. The sample consisted of 45 divorced women selected through convenience sampling. To control error variance, efforts were made to match the three groups as closely as possible based on inclusion and exclusion criteria. The inclusion criteria included women above the age of 20, those who had experienced at least six months since their divorce, women with basic literacy, at least one child, middle socioeconomic status, and no personality disorders or severe clinical disorders, which were assessed through an initial interview. The exclusion criteria included lack of cooperation, absence from more than two sessions, the

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development of a physical illness during the study, or remarrying during the research period.

In this study, 45 divorced women were selected based on inclusion and exclusion criteria from among volunteers and referrals to family counseling centers, welfare institutions, family courts in Baghdad, and other eligible women. The participants were randomly assigned to three groups, including two experimental groups and one control group, each consisting of 15 women. All groups were assessed at three stages—pretest, posttest, and a 45-day follow-up—using the Distress Tolerance Scale. The experimental groups underwent ten 90-minute sessions of the respective interventions. The first experimental group received RACT, while the second experimental group received PPT. The control group did not receive any intervention.

2.2. Measures

2.2.1. Distress Tolerance

The Distress Tolerance Scale, developed by Simons and Gaher (2005), was used as the measurement tool. This self-report scale measures emotional distress tolerance. Its items assess individuals' capacity to endure emotional distress, subjective evaluation of distress, attention to negative emotions when they occur, and regulatory actions to alleviate distress. The scale consists of 15 items divided into four subscales: emotional distress intolerance, engagement with negative emotions, subjective distress evaluation, and efforts to regulate distress. Responses are rated on a 5-point Likert scale. The scale employs reverse scoring, with total scores ranging from 15 to 75, where higher scores indicate greater distress tolerance. The reliability coefficients of the subscales are reported as 0.72, 0.82, 0.78, and 0.70, respectively, while the overall reliability coefficient is 0.82. The intraclass correlation after six months was reported as 0.61. The scale has demonstrated good initial criterion validity and convergent validity, showing a positive relationship with mood acceptance and a negative relationship with coping strategies involving alcohol or marijuana use (Simons & Gaher, 2005). In this study, Cronbach's alpha for distress tolerance was calculated as 0.83.

2.3. Intervention

2.3.1. Realistic Acceptance and Commitment Therapy

RACT is a structured therapeutic approach integrating the principles of Acceptance and Commitment Therapy (ACT) with Reality Therapy techniques to enhance psychological flexibility and improve resilience and distress tolerance. This method encourages individuals to accept unpleasant emotions, develop inner control, and align their behaviors with core values through practical strategies and exercises (Afshari et al., 2023a, 2023b).

Session 1: Participants are introduced to the sources of intrusive thoughts, strategies to manage such thoughts, and methods for shifting from external to internal control through Reality Therapy principles. Mindful breathing exercises are taught, and participants receive homework assignments to practice at home.

Session 2: A review of the previous session is conducted, followed by an introduction to different types of thoughts and techniques for writing and managing thoughts. Participants learn to address cognitive problems related to distress tolerance and resilience. Concepts of cognitive fusion and defusion are explained, and related homework is assigned.

Session 3: The session focuses on exploring perceived control sources, challenging self-critical thoughts, and reducing self-comparison. Techniques such as cognitive distancing and gratitude are practiced. Participants' orientation toward Reality Therapy is assessed, and homework is provided.

Session 4: Negative emotions are addressed by identifying needs and their role in emotion regulation. The concept of creative hopelessness is introduced to demonstrate the futility of controlling unpleasant emotions. Participants learn to accept these emotions rather than attempt to control them. Homework is assigned to reinforce these concepts.

Session 5: Participants engage in naming emotions and clarifying values. They explore how to act according to their values through visual exposure and feedback in stressful situations to enhance inner control. Mindful acceptance exercises are practiced, and homework is assigned.

Session 6: The session aims to modify maladaptive behaviors that hinder distress tolerance and resilience. Participants identify maladaptive behaviors, cultivate inner control, and develop positive habits to improve resilience and distress tolerance. Homework assignments are provided to practice these strategies.

Session 7: Participants are introduced to goal-setting and strategies for overcoming procrastination to enhance resilience and distress tolerance. They learn to engage in committed actions through effective planning, and related homework is assigned.

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Session 8: Physical activation is emphasized to increase distress tolerance and resilience. Participants explore their need for survival, understand the role of physical needs, and apply Reality Therapy principles to improve their physical and emotional connection. Homework is assigned to reinforce these practices.

Session 9: Interpersonal relationships are addressed, focusing on the importance of belonging and love. Exercises such as the obituary metaphor are used to identify values. Participants learn skills like assertive refusal and distinguish between constructive and destructive relational habits. Homework is assigned to practice these techniques.

Session 10: This concluding session summarizes the techniques and skills covered in the previous sessions. Final recommendations are provided, the posttest is administered, and the intervention is concluded.

2.3.2. Realistic Acceptance and Commitment Therapy

Positive Psychotherapy (PPT)

PPT, developed by Seligman (2006), emphasizes the enhancement of well-being through the cultivation of positive emotions, gratitude, forgiveness, and meaningful interpersonal connections. This approach aims to improve happiness and resilience by balancing attention to both positive and negative aspects of life (Seligman, 2010).

Session 1: Group members are introduced to each other, rapport is established, and a brief overview of the therapeutic framework and rationale is provided. Group rules and structure are explained to participants.

Session 2: Participants are guided to create a positive self-narrative by writing an autobiography highlighting their strengths and achievements. Homework assignments are provided to reinforce this activity.

Session 3: A summary of previous sessions is reviewed, and feedback is collected. Participants revisit their positive self-narrative and discuss the strengths identified in their autobiographies.

Session 4: The session focuses on the concept of forgiveness as a tool to eliminate negative emotions. Participants are encouraged to practice forgiveness, and related homework is assigned to reinforce this skill.

Session 5: Gratitude is explored as a means to foster psychological, physical, and interpersonal well-being. Participants discuss the benefits of gratitude, and related exercises and homework are assigned.

Session 6: Participants are introduced to the distinction between satisfaction and perfectionism. Activities are designed to enhance life satisfaction, and members are given related homework assignments.

Session 7: Hope and optimism are addressed, emphasizing their impact on life and methods to cultivate them. Participants are introduced to concepts such as internal, global, and stable attributions to foster optimism.

Session 8: The session focuses on love and attachment, teaching participants how to establish meaningful connections with others. Homework is provided to practice these skills.

Session 9: Participants are introduced to the concept of meaningful pleasure derived from virtuous actions. They are encouraged to participate in activities that foster positive emotions and meaningful engagement in life.

Session 10: The final session reviews participants' progress, achievements, and completed homework. Strategies to overcome weaknesses using strengths are discussed, and final questions are addressed before concluding the intervention.

2.4. Data Analysis

Data were analyzed using repeated measures ANOVA and SPSS version 26.

3. Findings and Results

Table 1 presents the mean and standard deviation for distress tolerance in the pretest, posttest, and follow-up phases for the research groups.

Table 1

Mean and Standard Deviation of Distress Tolerance for Research Groups at Three Time Points

Variable	Time	Control Group Mean (SD)	RACT Group Mean (SD)	PPT Group Mean (SD)
Distress Tolerance	Pretest	25.86 (4.59)	31.00 (4.98)	38.00 (5.85)
	Posttest	25.06 (4.26)	32.00 (3.58)	38.06 (6.26)
	Follow-up	24.86 (4.77)	24.00 (4.40)	25.40 (4.33)

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As shown in Table 1, the RACT and PPT groups demonstrated more significant changes in the posttest and follow-up phases compared to the control group. The results of the repeated measures ANOVA for distress tolerance are presented in Table 5.

To test the study hypothesis, repeated measures ANOVA was used. Initially, the results of the Shapiro-Wilk test (for normal distribution of variables), Levene's test (for equality of variances), Box's M test (for equality of variance-covariance matrices), and Mauchly's test (for sphericity) for distress tolerance were examined. Distress tolerance at all three stages (pretest, posttest, and follow-up) exhibited a normal distribution ($p > .05$), equality of error variances ($p > .05$), and equality of variance-covariance matrices ($p > .05$, based on Box's M test). Furthermore, as seen in Table 3, Mauchly's test was significant, indicating that the sphericity assumption was met.

Table 2

Results of Repeated Measures ANOVA for Distress Tolerance

Source	Sum of Squares	df	Mean Square	F	p	Eta Squared	Power
Within-Group	Time	5.07	1	5.07	0.691	0.411	0.016
	Time × Group	10.89	2	5.44	0.742	0.482	0.034
	Error (Time)	308.20	42	5.45	-	-	-
Between-Group	Group	1378.66	2	689.33	12.74	0.001	0.378
	Error	2271.60	42	54.08	-	-	-

As shown in Table 2, for the variable of distress tolerance, within-group factors such as time and the interaction between time and group did not have a significant effect on distress tolerance changes. However, between-group analysis demonstrated that 37.8% of the variance in distress tolerance could be attributed to differences among groups, indicating significant differences between at least one experimental group and the control group. Table 6 presents the results of the Bonferroni post hoc test for pairwise comparisons between the two experimental groups and the control group for distress tolerance.

Table 3

Bonferroni Post Hoc Test Results for Group Comparisons in Distress Tolerance

Variable	Reference Group	Comparison Group	Mean Difference	Standard Error	p
Distress Tolerance	RACT Group	PPT Group	-0.889	1.55	1.00
	RACT Group	Control Group	6.73	1.55	0.000
	PPT Group	Control Group	6.82	1.55	0.000

As shown in Table 3, at the group level, there is no significant difference in effectiveness between the RACT and PPT groups. However, both the RACT and PPT groups showed significant differences compared to the control group ($p < .001$).

4. Discussion and Conclusion

This study aimed to compare the effectiveness of Realistic Acceptance and Commitment Therapy (RACT) and Positive Psychotherapy (PPT) on distress tolerance among divorced women in Baghdad. The results of repeated measures ANOVA showed that both methods effectively improved distress tolerance, with no significant difference between them. In considering the alignment or divergence of these findings with previous research, it is important to note that no prior studies have directly examined this specific topic. However, some studies have demonstrated the effectiveness of these methods on other psychological variables among women undergoing divorce or divorced women. For instance, studies (Ahmadi et al., 2024; Kamali & Mahdian, 2023; Panahi Far et al., 2023; Shahabi et al., 2021) have shown the effectiveness of ACT alone or in combination with other approaches, such as Reality Therapy. Similarly, other studies have demonstrated the effectiveness of PPT on psychological characteristics of divorced women (Aboudi & Abedi, 2019; Elmi Manesh & Zhaleh, 2018; Jamshidzehi Bonyad & Shirazi, 2021). These findings implicitly suggest alignment between the current study's results and earlier research demonstrating the

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effectiveness of these approaches on various psychological variables.

In explaining the effectiveness of RACT and PPT on distress tolerance, it can be noted that distress tolerance refers to individuals' perceived ability to endure negative or unpleasant emotional states. This construct reflects behavioral capacity to persist in adaptive behaviors under stressful circumstances. Individuals with high distress tolerance can endure uncertainty, ambiguity, frustration, negative emotional states, and uncomfortable physical sensations. For distress tolerance to develop, individuals must influence self-regulatory processes such as attention, cognitive evaluations, and distressing emotional or physical states. It appears that both methods have activated these self-regulatory processes.

RACT, which integrates ACT strategies with Reality Therapy techniques while maintaining therapeutic principles, helped improve distress tolerance among the women who received this intervention. This method appears to enhance cognitive flexibility, enabling participants to move away from radical and distorted cognitive evaluations, adopt a holistic view of issues, and revise maladaptive solutions they had previously employed. Additionally, through training in cognitive defusion, participants learned to accept negative thoughts and emotions without allowing them to dominate their behavior. This process helped them act in ways that not only avoided crises but also enhanced their performance and problem-solving abilities. Mindfulness exercises, value clarification, and living in the present moment further supported participants in leading purposeful, structured lives. These skills enabled them to identify accessible goals even during intense stress, maintain hope, and avoid risky or problematic behaviors. Furthermore, participants learned not to reduce their self-concept to a single trait but to adaptively express appropriate aspects of themselves based on the situation. The commitment to action, reinforced through Reality Therapy techniques such as positive addiction, planning, and paradoxical strategies, allowed participants to explore new paths and remain consistent with their objectives. Collectively, these strategies facilitated emotional regulation, focus on positive goals, and effective cognitive evaluations, thereby improving distress tolerance.

Regarding the effectiveness of PPT on distress tolerance, it can be explained that PPT emphasizes four main dimensions necessary for cultivating positivity in life: pleasure, commitment to goals, meaning, and a complete life. The pleasure dimension is divided into sensory pleasures and moral virtues. Participants were encouraged to focus not only on sensory pleasures, which may require greater resources, but also on spiritual pleasures or moral virtues, as these can strengthen long-term relationships. The program incorporated training on forgiveness and gratitude, as well as fostering hope, optimism, kindness, and love for life. The commitment to goals and moral virtues dimension taught participants how to set goals that enable them to derive both material and spiritual satisfaction from life. Additionally, the meaning-making dimension helped participants discover purpose in life, allowing them to endure life's challenges and hardships with appropriate behaviors. The complete life dimension emphasized that life encompasses both positive and negative experiences, including psychological and material successes, failures, emotional pain, and negative emotions. Participants learned to accept these aspects as part of a complete life. The techniques employed in PPT, such as forgiveness, gratitude, optimism, and recognizing strengths and talents, contributed to emotional regulation, effective cognitive evaluations, and focused attention—key processes underlying distress tolerance.

Based on the findings, it can be concluded that both RACT and PPT are suitable methods for improving the psychological well-being of divorced women in Baghdad.

5. Limitations and Suggestions

Like other studies, this research faced certain limitations, including non-random selection of participants despite random assignment and the restricted sample limited to divorced women in Baghdad, which necessitates caution in generalizing the results. Based on the current findings, it is recommended that mental health centers in Baghdad prioritize training in these two methods to enhance the psychological well-being of divorced women in the city.

Authors' Contributions

Authors contributed equally to this article.

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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