

Comparison of the effectiveness of acceptance and commitment therapy (ACT) with reality therapy on irrational beliefs in conflicting couples in the post-corona era

Tahereh Kashani Khatib¹, Abdollah Shafiabadi^{*2}, Emad Yousefi³

Abstract

Introduction: Given that approaches based on acceptance and commitment and Glasser's reality therapy increase the likelihood of meaning in life, happiness, having positive beliefs about oneself and others, and increasing the level of internal control, the purpose of the present study was to compare the effectiveness of treatment based on the acceptance and commitment approach (ACT) with reality therapy on irrational beliefs in conflicting couples in the post-corona era.

Method: The research method was semi-experimental with a pre-test-post-test design and a control group with a two-month follow-up era. The statistical population of the present study was all conflicted couples who referred to clinics and counseling centers in the 20th district of Tehran in 2022. 45 people were selected in a purposeful way and randomly assigned to two experimental groups and one control group. The research tool was Jones' (1968) irrational beliefs. The treatment intervention based on acceptance and commitment approach (ACT) and reality therapy was implemented in 8 sessions of 90 minutes, twice a week as a group for the first and second experimental groups. The data were analyzed using mixed analysis of variance.

Results: The results showed that there is a significant difference between the post-test and the follow-up of the test and control groups of irrational beliefs ($P < 0.05$) and the treatment of acceptance and commitment to reality therapy was significantly more effective on the irrational beliefs of conflicting couples in the post-corona era and there is a significant difference between the two treatments observed ($P < 0.05$).

Conclusion: It can be said that the acceptance and commitment therapy (ACT) was more effective than reality therapy in reducing irrational beliefs in conflicted couples.

Keywords: Acceptance and Commitment, Conflict, Irrational Beliefs, Post-Corona Era, Reality Therapy

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1. Ph.D. student, Department of Psychology, Qeshm Branch, Islamic Azad University, Qeshm, Iran. Email: yahidekhatib@gmail.com

2. Professor, Counseling Department, Faculty of Psychology and Educational Sciences, Allameh Tabataba'i University, Tehran, Iran (**Corresponding author**). Email: ashafiabady@yahoo.com

3. Assistant Professor, Department of Psychology and Counseling, Qeshm Branch, Islamic Azad University, Qeshm, Iran. Email: emad.yousefi30@gmail.com



Introduction:

In the last days leading up to 2019 in Wuhan, the capital of Hubei Province, China, an epidemic of a new virus from the Corona family was announced, which was called Covid-19. The disease spread rapidly in China and other parts of the world and turned into a global health crisis. (1-4). Following the spread of this virus and the application of social distancing policies, many restrictions have been placed on people's ability to socialize and participate in daily activities; These restrictive actions have separated people from their support networks (5) and have exposed them to negative processes and poorer performance in relationships (6). Researchers believe that various factors at individual, family and society levels separately and also in interaction with each other affect the relationship between couples and may lead to an increase in their tendency towards marital conflict (7-9).

On the one hand, while this epidemic has brought insecurity and uncertainty; There are also new ways of being and behaving; In fact, there are many opportunities for couples and families in the heart of the great challenge of the corona virus; Opportunities such as increasing the closeness and intimacy of members, deepening relationships and solving problems as a group (10). On the other hand, one of the most important cognitive factors in couples that can disrupt their psychological state is irrational beliefs (11). Irrational beliefs are desires and goals that become necessary and mandatory preferences and become mandatory and mandatory and definite goals, so that if they are not fulfilled, it leads to confusion and anxiety (12). Couples are not exempt from this rule during the corona pandemic. Irrational thoughts are not consistent with reality and are based on suspicion and suspicion, and this causes conflict and prevents a person from successfully dealing with the events and requirements of life (13). The results have shown that between 85 and 91 percent of the people who are on the verge of divorce had positive opinions and unrealistic and illogical predictions about the marital relationship from the beginning of their marital relationship and believed that the probability of divorce for them is zero (14). The results of Bahramian et al's research (30) concluded that there is a significant relationship between irrational beliefs and marital conflicts. Helplessness towards change is the result of dependence, which can be a learned behavior and passed from one generation to another. In fact, dependence is an emotional and behavioral state that affects a person's ability to have a satisfying and healthy marital relationship. One of the underlying causes of this dependence is the dependent person's irrational beliefs, such as confusion and a sense of inadequacy, and the belief that others are responsible for his emotions and choices. The results of Fatehi and Kachooei's research (31) showed that irrational beliefs are a well-known factor in the occurrence of marital disputes. People who have dysfunctional attitudes and irrational beliefs will also have emotional disturbances.

According to what was said, there is a need for theories that deal with how the family acts and the mistakes that may be caused by unhealthy communication, and show them the way to help and change (15). One of these interventions is the acceptance and commitment approach. The third wave psychological approaches, acceptance and commitment therapy, have a good ability to control the attitudes and perceptions of the person against stressful events in life. Acceptance and Commitment Therapy was introduced by Dr. Steven Hayes in 1983. The core and basic premise of this approach is that avoidance and struggle to escape pain causes real suffering. This approach has a good ability to curb misplaced expectations, perceptions and wrong attitudes of a person against the stressful events of life. This therapeutic approach helps the

client identify what is important to him and then asks him to use these values to guide behavioral changes in his life (16). The reason for choosing this approach is that, based on this type of treatment, humans have internal motivations to be able to realize the need for love and belonging, a sense of power, freedom, survival, health and fun. This theory acknowledges that people can improve their lives by consciously choosing their emotions and behavior. In their research, Hajatpour & Haroon Rashidi (17) showed that therapy based on acceptance and commitment can improve irrational beliefs in the elderly. Sharif et al (18) concluded in their research that therapy based on acceptance and commitment is effective in reducing irrational beliefs.

Also, conflicting couples can use reality therapy techniques and methods to improve their control over their lives. In reality therapy, people are encouraged to honestly see what they really want. And what are they doing to get it now? In the process of reality therapy, a person who has failed to get what he wants or who is causing trouble to others with his behavior learns to evaluate himself. What he does now, he learns to show more effective behaviors (that satisfy his needs) for a better result by evaluating its natural and logical behavior. The goal of reality therapy is to foster acceptance of responsibility in the individual and create a successful identity. In this approach, one tries to know the short-term and long-term goals of his life (19). According to this approach, in addition to being responsible for his actions and behaviors, a person must also accept responsibility for his thoughts and feelings, and a person cannot consider himself a victim of the past and present unless he chooses (20), and helps clients take responsibility for their own behavior choices rather than seeing themselves as victims of their own impulses (13). Reality therapy is a treatment method in which the bereaved of the Corona era are helped to examine their desires, needs, values and ways to achieve their needs. And in fact, its main purpose is to create a sense of responsibility, which can be very important for the bereaved of Corona, who have the main burden of care on their shoulders (21). In their research, Abdi Dehkordi et al (22) concluded that the effectiveness of reality therapy group training based on irrational beliefs is effective.

In a summary, it should be said that although the Corona crisis has damaged the health and well-being of couples and families; But it may also have positive results in couples' motivation to protect their relationships. While systematic assessment of family relationships and marital interactions is needed in this pandemic, the capacity to engage in effective communication, problem solving and effective coping in the face of such stressful events for protection. It is vital for the survival and growth of the family system. Since the majority of studies conducted during the Corona pandemic have focused on the pathological and negative aspects of this phenomenon; conducting such research promises to pay attention to opportunities in the heart of threats. Studies have shown that couple conflicts are one of the most core problems that lead to other problems such as reducing family cohesion and increasing irrational beliefs. In the meantime, various psychological issues as well as untimely events such as the spread of the Corona virus can lead to conflicts between couples and, following that, the emergence of other problems. Due to the fact that unhappy couples are faced with many psychological, social and emotional problems and injuries, the sum of these pressures causes tension in various dimensions, the cohesion of the family and their beliefs and thoughts and personal relationships are faced with problems. It is worth mentioning that it seems that the intervention of acceptance and commitment and reality therapy can be very effective in reducing the problems of these

couples because the therapeutic approach of acceptance and commitment calms and reduces the tensions caused by problems; Therefore, by providing the right conditions, it is possible to control the tension caused by problems and affect their positive inner capabilities in different dimensions and strengthen the level of tolerance and adaptability of a person in dealing with problems. Finally, it can strengthen the useful performance and interpersonal relationships in them and regulate the emotional emotions of these couples. The reason for comparing these two treatment methods is that in the theory of acceptance and commitment therapy, it emphasizes the point in mental health that instead of focusing on removing and removing traumatic factors, it helps a person to accept his controlled emotions and cognitions in the environment and to accept himself. get rid of the control of the verbal rules that caused their problems and allow them to stop fighting with them; If reality therapy, by changing the source of external control and turning it into an internal source of control, teaches the individual that their future happiness and success is not in the past life events, but in their own hands and they can shape their future as they like. On the other hand, it should be said that both in reality therapy and in commitment and acceptance therapy, more emphasis is placed on changing the individual's consciousness.

Considering that no research has been done in the field of comparing the effectiveness of acceptance and commitment therapy (ACT) with reality therapy on irrational beliefs in conflicting couples, and also the possibility of increasing behavioral disorders on the one hand and the problems associated with it for these couples and There is an increase in the level of dissatisfaction with life and the prevalence of new disorders and behavioral disorders in them, as well as the claim of approaches based on acceptance and commitment and Glaser's reality therapy to increase the probability of meaning in life, happiness, having a positive belief about oneself and others and Increasing the amount of internal control, the present study was conducted with the aim of comparing the effectiveness of acceptance and commitment therapy (ACT) with reality therapy on irrational beliefs in conflicting couples in the post-corona era.

Research method:

The research method was semi-experimental with a pre-test-post-test design with a two-month follow-up period. The statistical population of the present study was all the conflicted couples who referred to the clinics and counseling centers of Tehran in the number of approximately 480 people in 2022. The sample size in this research was determined according to the number of groups and the number of investigated variables. Based on this, 45 couples (90 people) from the mentioned society were selected after the preliminary interview and based on the criteria of entering and leaving the research in a purposeful way and randomly assigned to test and control groups (test group of acceptance and commitment approach, 15 couples). , (reality therapy test group, 15 couples) and (control group, 15 couples) were placed. The research entry criteria include: 1- age 20 to 40 years; 2- Informed consent to participate in the research; 4- Having the necessary physical ability to participate in the research; 5- At least diploma education; 6- Informed consent, 7- Non-participation in other psychotherapy courses at the same time, 8- Non-use of psychiatric drugs for at least one month before the evaluation, as well as exclusion criteria including: 1- Participating in any psychological interventions at the same time as the research, 2- Concurrent illness mental disorders according to the subject's self-report (at least one month after entering the research), 3- unwillingness to continue cooperation

and 4- absence of more than two sessions and 5- non-cooperation in completing the questionnaires in the three stages of pre-test, post-test and follow-up was The method of conducting the research was that after coordinating with the management of one of the counseling centers west of Tehran, the participants' file was given to the researcher and an initial interview was conducted with the couple by telephone and based on the entry and exit criteria. 45 conflicting couples were selected and randomly assigned into three groups including two experimental groups and one control group. After being replaced in the groups, the participants answered the research questionnaire as a pre-test before the intervention. The first experimental group received reality therapy in 8 90-minute sessions, acceptance and commitment therapy in 8 90-minute sessions in a face-to-face group manner with the sequence of one session per week by the researcher. But participants in the control group did not receive any intervention. After the end of the treatment sessions, all three groups answered the research questionnaire again in the post-test phase and two months later in the follow-up phase. In this research, ethical considerations were observed as follows: 1- Before starting the study, the participants were informed about the topic and the method of conducting the research. 2- The researcher undertook to protect the private information of the subjects and to use the data only in line with the research objectives, 3- The researcher undertook to interpret the research results for them if the subjects wish, 4- In case of any ambiguity, Necessary instructions were provided to the subjects, 5- Participation in the research did not entail any financial burden for the participants, 6- This research did not have any contradictions with the religious and cultural standards of the participant and the society.

The following questionnaires were used to collect data:

1. Irrational Beliefs Questionnaire (IBQ): This 40-item questionnaire was designed by Jones in 1968 based on the theory of Ellis (1962) (23). This questionnaire is one of the most widely used tools for measuring irrational beliefs in the world. Basically, this questionnaire measures types of illogical thoughts. The original version includes 100 closed questions that consist of 10 factors and each factor examines a type of irrational thinking. These ten factors are: expecting approval from others, excessive expectations of oneself, blaming oneself and others, reaction to helplessness with failure, emotional irresponsibility, anxious attention, problem avoidance, dependence, resistance to change, perfectionism. The scoring of the questionnaire is based on a 5-point Likert scale from strongly disagree to strongly agree. The minimum possible score will be 40 and the maximum will be 200. Score between 40 and 80: The amount of irrational beliefs in a person is weak. Score between 80 and 120: The amount of irrational beliefs in a person is average. A score above 120: the level of irrational beliefs in the person is strong. Jones (23) found the internal consistency of the 10 factors of the irrational beliefs test to be between 0.45 and 0.72, the test-retest coefficient was 0.92, its concurrent validity with psychiatric problems was 0.61, and its reliability was determined using the alpha coefficient. Cronbach has reported 0.86. Parvaneh et al (24) also reported the face validity of this questionnaire as appropriate using the opinions of several experts and reported its reliability using Cronbach's alpha coefficient of 81 percent.

Acceptance and commitment therapy intervention sessions: Acceptance and commitment therapy adapted from Hayes et al (25) was taught to the experimental group in 8 two-hour sessions weekly, and the summary of this training package is given in Table 1.

Table 1. The stages of implementation of therapy education based on acceptance and commitment, adapted from Hayes et al (25)

Row	Session Content	Content Type	Objectives
	Pre-test implementation		
1	Familiarity of members with each other and the therapist, description of group rules, goals and structure of the group, therapeutic commitments	Semantic-procedural knowledge	Getting to know the rules and general principles of acceptance and commitment therapy
2	Assessing the problems of treatment seekers from the point of view of acceptance and commitment therapy, extracting the experience of avoidance	Semantic-procedural knowledge	Familiarity with some therapeutic concepts of acceptance and commitment therapy, including the experience of avoidance, fusion and psychological acceptance
3	Clarification of inefficiency, control of negative events using metaphors, training and implementation of therapeutic techniques of cognitive isolation, psychological awareness and self-image.	Semantic-procedural knowledge	An awareness of the here and now and an interest in, rather than an escape from, what is going on right now.
4	Training therapeutic techniques, emotional awareness, wise awareness (metaphor of self-victimization)	Semantic-procedural knowledge	Focusing on the whole state of mind, thoughts and behavior in the moment without any judgment so as to lead to mental flexibility.
5	Training self-healing techniques as a context and practice of mindfulness techniques	Semantic-procedural knowledge	Trying to gain a sense of superiority and accept negative emotions using trained techniques
6	Training therapeutic techniques of personal values and clarifying values and training emotion regulation	Semantic-procedural knowledge	Identifying main personal values and planning goals based on values
7	Training therapeutic techniques of personal values and committed action and increasing interpersonal efficiency (chess board metaphor)	Semantic-procedural knowledge	Using metaphors and planning to commit to pursuing values and creating a sense of meaning in life
8	Reviewing and practicing the taught therapeutic techniques with an emphasis on emotion regulation and post-test implementation	Semantic-procedural knowledge	Asking clients to explain the results of the sessions and implement the techniques taught in the real world

Reality therapy protocol sessions: The structure of the reality therapy protocol sessions, which was taken from Glasser and Glasser's book (26), was taught to the experimental group in 8 two-hour sessions weekly, and the summary of this training package is given in Table 2.

Table 2. Steps of reality therapy training (26)

Row	Session Content	Content Type	Objectives
	Pre-test implementation		
1	Familiarization of members with each other and the therapist, description of group rules, goals and structure of the group, therapeutic obligations	Semantic-procedural knowledge	Getting to know the rules and general principles of reality therapy
2	Training the difference between theory, strategy and behavior, the difference between internal and external control, the quadruple conflict of control	Semantic-procedural knowledge	Internal control versus external control
3	Why do humans behave? What is the purpose of human behavior? Explaining the needs and identifying the needs of the group members	Semantic-procedural knowledge	Why and how to issue behavior
4	What is the desired world and how is it related to needs? On what basis is the motivation or issuance of behavior formed?	Semantic-procedural knowledge	Desirable world and the formation of desires
5	What is the perceptual world and how do people lose their balance? How and on what basis do people look at the real world?	Semantic-procedural knowledge	Perceptual world and how to see the world
6	Explaining the components of behavior (thought, action, feeling, and physiology), The degree and method of controlling people on the wheels of the behavior machine	Semantic-procedural knowledge	Behavioral machine review
7	How do people come up with innovative ways to achieve their desires? How does the behavioral system turn to behaviors such as anger, depression, etc.?	Semantic-procedural knowledge	The creative system and its innovative solutions (getting angry, depressed, etc.)
8	The art of questioning oneself Goal setting based on a responsible and effective life Post-test implementation	Semantic-procedural knowledge	Training the questioning process based on the principles of reality therapy and writing smart goals based on internal control based on responsibility

Finally, mixed variance analysis and SPSS software version 21 were used to analyze the data.

Findings:

The findings of the research on demographic information showed that there were 45 couples (15 couples of the acceptance and commitment-based therapy training group, reality therapy couples and 15 control group couples) that the mean and standard deviation of the age criterion for the acceptance-based therapy training group and Commitment was 31.51 and 2.29 years, 30.75 and 2.61 years for the reality therapy group and 31.38 and 2.48 years for the control group. Also, the mean and standard deviation of the marriage duration criteria for the acceptance and commitment-based therapy training group were 11.76 and 3.35, the reality therapy group was 12.26 and 3.59, and for the control group, 12.04 and 3.76. For the criterion of having children in the group of education based on acceptance and commitment, 55% of the couples had children and 45% were childless. In the reality therapy group, 40% had no children and 60% had children, and in the control group, 35% had no children and 65% had children. And finally, for the education criterion, in the education group based on the acceptance and commitment approach, 50% had a diploma and 50% had a diploma, in the reality therapy group 55% had a diploma and 45% had a diploma, and in the control group, 55% had a diploma and 45% had a higher degree. They were from the diploma.

In the following, the descriptive findings of the research variables are presented. To describe the data, the mean was used as the central tendency index and the standard deviation was used as the dispersion index.

Table 3. Mean and standard deviation of irrational beliefs variable and its components in pre-test, post-test and follow-up stages

		Pre-test		follow-up		post-test	
		Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Irrational beliefs	Control	129.13	36.93	118.47	34.72	117.87	34.28
	Reality therapy	130.40	35.21	131.33	35.80	34.13	35.70
	Training acceptance and commitment therapy	129.27	34.45	106.93	35.34	104.87	35.78

As can be seen in Table 3, irrational beliefs are shown for the three groups of control, therapy based on acceptance and commitment, and reality therapy in three measurement stages (pre-test, post-test and follow-up). As can be seen, in the control group, the mean total score of irrational beliefs in the post-test and follow-up does not show much change compared to the pre-test stage. However, in the treatment groups based on acceptance and commitment and reality therapy, a significant increase in irrational beliefs was observed in the post-test and follow-up phase compared to the pre-test phase.

The significance of these changes was checked using the mixed variance analysis test. Before the test, the mixed variance analysis test, from the Kolmogorov-Smirnov test to check the normality of the distribution of irrational beliefs scores in the three stages of measurement (p

< 0.05) from Levin's test to check the homogeneity of the variances of irrational beliefs in the three stages of pre-test measurement (186 (F=0), (P=0.20), post-test (F=1.105, P=0.123) and follow-up (F=1.33, P=0.263) and to check the homogeneity of the variance-covariance matrix using the test Mbox was used in the irrational beliefs variable (MBOX = 29.73, F = 1.04, P = 0.32); that the results of these tests were not significant, in order to check the assumption of sphericity, Mauchly's test was used and the results showed that the assumption of sphericity was not met for the irrational beliefs variable. Therefore, the Greenhouse-Geisser method was used to interpret the results.

Table 4. Results of mixed analysis of variance related to intragroup and intergroup effects

Variable	factors	source s of change	sum of squares	degree of freedom	mean square	F statistic	significance level	effect size
Irrational beliefs	Intragroup	Time	292.98	1.33	220.53	0.46	0.56	0.01
		Time × Group	5812.2	2066	2187.5	4.55	0.01	0.19
		Error	24283.19	50.48	481.02	-	-	-

Based on this, the results of mixed variance analysis are presented in Table 4. According to the results of the table, it shows that there is a significant difference between the group and time in the variable of irrational beliefs, and it is clear that there is a difference in the dependent variable between the pre-test, post-test and follow-up stages between the two treatment groups and the control group, and also in the effect of the group according to the values and the significance level of F in the variable of irrational beliefs between the two groups of therapy based on acceptance and commitment and reality therapy and the control group, there is a significant difference, the pairwise comparison of these groups separately for each stage was done using the Bonferroni test, the results of which are presented in Table 5 has been

Table 5. Bonferroni's post hoc test results for pairwise comparison of the variable mean of irrational beliefs

		Pre-test				Post-test		Follow-up			
	Reference group	Comparison group	Mean difference	Standard error	P	Mean difference	Standard error	P	Mean difference	Standard error	P
Irrational beliefs	Reality therapy	Control	5.200	5.443	0.001	-38.067*	4.323	0.001	-38.733*	4.291	0.001
		ACT	3.400	5.443	0.001	21.133*	4.323	0.001	21.267*	4.291	0.001
	ACT	Control	1.800	5.443	0.001	-59.200*	4.323	0.001	-60.000*	4.291	0.001
		Reality therapy	-3.400	5.443	0.001	-21.133*	4.323	0.001	-21.267*	4.291	0.001

According to Table 5, it can be seen that there is a significant difference between the reality therapy groups and control in the variable of irrational beliefs ($P < 0.05$) and acceptance and commitment therapy and control in the variable of irrational beliefs ($P < 0.05$). Also, the results showed that there is a significant difference between the reality therapy method and the therapy training based on acceptance and commitment at a significance level of 0.05. According to Table 5, the average difference between the training method of acceptance and commitment therapy and reality therapy for the variable of irrational beliefs in the post-test and follow-up phase is positively significant. As a result, the method of training of acceptance and commitment therapy has been more effective in reducing irrational beliefs than reality therapy ($P < 0.05$).

Discussion and conclusion:

The present study was conducted with the aim of comparing the effectiveness of acceptance and commitment therapy (ACT) with reality therapy on irrational beliefs in conflicting couples in the post-corona era. In the first stage of the research, the results showed that acceptance and commitment therapy to irrational beliefs is effective. These findings were implicitly consistent with the findings of Hajatpour & Haroon Rashidi (17) and Sharif et al (18). In explaining the effectiveness of acceptance and commitment therapy on reducing irrational beliefs, it can be said that the techniques based on the acceptance and commitment therapy emphasize the reduction of cognitive confusion. When the cognitive fusion decreases, it means that the content of the person's thoughts is disconnected. Cognitive dissonance exercises teach conflicted couples in the Corona pandemic to see thoughts as just thoughts, feelings as just feelings, and memories as just memories, and bodily sensations as just bodily sensations. None of these internal events, when experienced, are inherently harmful to human health. Their trauma comes from the fact that their experiences must be removed and controlled. According to Hayes et al (25), through the process of cognitive dissonance, the therapist teaches clients to see internal events as they are, not as those events themselves say, and this leads to better acceptance. Therefore, accepting and committing to therapy through cognitive and emotional strategies corrects and reduces irrational beliefs. Therefore, it is reasonable that acceptance and commitment therapy is effective in reducing irrational beliefs in conflicting couples during the corona pandemic (26).

Also, another finding of the research showed that reality therapy is effective in reducing irrational beliefs. This finding is consistent with the findings of Abdi Dehkordi et al (22).

In explaining the effectiveness of reality therapy in reducing irrational beliefs in post-corona conflict couples, it can be stated as follows. Instead of denying or running away from the situation, they accept the reality of marital conflicts and problems and become aware that although they may not have played a role in causing some problems, both parties can play an active role in changing the situation. As a result, accepting this point of view can reduce irrational beliefs related to the occurrence of conflicts. In this approach, people learn to evaluate their behaviors and thoughts and choose behaviors or thoughts that help them achieve their goals. Naturally, such selection, which is caused by people's internal control, gives people the power to face problems in a logical way, to solve problems in a logical and problem-oriented way. By explaining the concept of general behavior, Glasser's theory taught conflicting couples

that everything that comes from humans is a behavior and that people choose their own behaviors. In fact, the best way to treat marital conflicts is to change behavior through changing beliefs and thoughts, which is useful and productive and can change the communication status and intimacy of couples. When a person realizes that he chooses any behavior by himself, he will realize his right to choose and his power to choose and can choose newer beliefs and thoughts and finally choose newer and more desirable behaviors and in a more constructive way to reduce his irrational beliefs. It takes a step in the form of performing more positive and desirable behaviors and interactions.

Also, the findings of the research showed that the therapy based on acceptance and commitment is more effective than reality therapy in reducing irrational beliefs, and this change was also maintained in the follow-up phase. For this finding, no study was found regarding alignment or non-alignment. In explaining the effectiveness of acceptance and commitment therapy over reality therapy on reducing irrational beliefs in post-corona couples, it can be stated that a change in performance and committed action along with living rightly or living a valuable life in an approach based on acceptance and commitment helps a person to take responsibility for his behavior, which will lead to better performance in married life and family and ultimately reduce irrational beliefs. The approach based on acceptance and commitment changes a person's mind towards his tensions, his feelings and values change, his psychological coherence increases and as a result, he has more commitment towards his change and family and marital coherence also increases. It can also be said that the effect of the acceptance and commitment approach on reducing experiential avoidance is that after weakening experiential avoidance, people can go towards seeing and accepting their problems and by increasing acceptance towards their marital problems and conflicts, they can find real understanding and recognition. and solve them well. Also, therapy based on acceptance and commitment is basically process-oriented and it clearly emphasizes on promoting the acceptance of psychological experiences and commitment by increasing flexible, adaptive meaningful activities, regardless of the content of psychological experiences (28), a feature that is not present in the reality of therapy. In general, appropriate cohesion and continuity in the family system is considered one of the health criteria of family functioning and is one of the important factors of marriage stability. Therefore, it is recommended to use these tools and models to further examine the functioning and structure of the family, and accordingly, plan the treatment and examine the results of family therapy interventions for families on a case-by-case basis. Finally, the results of the research showed that therapy based on acceptance and commitment had a greater effect in reducing irrational beliefs than reality therapy. Considering the obtained results, it can be said that acceptance and commitment therapy has a greater effect and is more efficient in improving marital conflicts of couples than reality therapy.

One of the limitations of the current research is the primary differences between members. Since the internal homogenization of the members of each of the two groups and also the complete matching of the members of the two groups were very difficult, therefore there was dispersion in the field of demographic variables. It is suggested that although the random placement of members in both groups and the use of covariance analysis moderates the effect of initial differences to some extent, the use of peer groups and the reduction of initial individual differences are suggested in future research. Also, since the sample unit of the present study was a couple; It is suggested to use paired analyzes in future researches.

According to the possibilities and the situation in which every research has been implemented, every research has limitations that make its generalization to the society associated with problems.

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