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## The Effectiveness of Commitment and Acceptance Therapy and Life Skill Interventions on Problem-Solving Style and Relationship Beliefs in Male Divorce Applicants with Worry Symptoms

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### ABSTRACT:

This study aimed to determine the effectiveness of acceptance and commitment therapy (ACT) and life skill intervention on problem-solving style and relationship beliefs in male divorce applicants with worry symptoms. A quasi-experimental pre-test and post-test design were used in this research with two experimental groups and one control group. The statistical population of this study consisted of all male divorce applicants who referred to Iranmehr Counseling Center in Aliabad Katoul in 2018. The convenience sampling method was used to select samples from people who responded positively to the call, among whom 45 men were selected with scores higher than the mean on the Penn State Worry scale (1990), and randomly divided into two experimental groups and one control group (each group consisted of 15 people). Data were analyzed using SPSS-24 software and one-way and multivariate analysis of covariance. The research findings showed that life skill training (problem-solving) had a significant effect on problem-solving style and relationship beliefs and its subscales ( $P < 0.05$ ). ACT intervention also had a significant effect on both variables and their subscales ( $P < 0.05$ ). As a result, it can be stated that ACT and life skill interventions are effective on problem-solving style and relationship beliefs in male divorce applicants with worry symptoms.

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## Introduction:

Divorce is the most common and important harm that threatens the institution of the family. The experience of divorce affects the adjustment of individuals in all psychological, physical, social, and emotional dimensions and reduces the performance, and inefficiency of family members (Yoosefi, Karimpour, Azizi, 2018). Therefore, it can be indicated that the most significant impact that divorce has on couples is its psychological impacts, including depression, anxiety, and loneliness (Yazdkhasti, Mansouri, Zadeh-Mohammadi, & Ahmadabadi, 2009). According to the Diagnostic and Statistical Manual of Mental Disorders-5<sup>th</sup> end (DSM-V; 2013), worry is the main characteristic of anxiety disorders, especially generalized anxiety disorder (GAD). Borkovec (1985) also defines worry as a cognitive process involving repetitive thoughts and images, possible traumatic events, and their potentially catastrophic implications. The literature suggested that worry is associated with an increased risk of mental disorders, social and occupational disorders, family problems, increased use of community healthcare services, and physical problems and sleep disorders (Pourmohseni Koluri, 2013). Hence, worry can be described as the causes as well as the adverse implications of divorce (He, 2017). Family therapy approaches each offers different perspectives on the causes of divorce. From the point of view of intergenerational transmission, the phenomenon of divorce is considered as the result of unresolved family and personal conflicts between couples. Furthermore, from the psychodynamic perspective, most couples' problems stem from unresolved childhood conflicts (Harway, 2011). Research findings have shown that irrational communication beliefs have a significant negative relationship with adjustment and marital satisfaction and are associated with inefficient problem-solving. In addition, identifying and correcting irrational beliefs in relationships is one of the main parts of cognitive-focused marital therapies, which shows that couples' beliefs are an important component in relationship education (Holt, Mattanah, Schmidt, 2016). The results of Idelson and Epstein's (1985) research also showed that the level of irrational beliefs in the marital relationship range is a strong predictor of marital turmoil. These beliefs are: expecting the mind to read or expecting the person's thoughts, feelings, and needs to be

known by the spouse without the need to say or comment. Sexual perfection Every person should expect sexual perfection from themselves and their spouse. Believing that a lack of agreement is destructive and that disagreement or opposition destroys a relationship. Believe that couples can not change and can not change themselves and their relationship. Belief about sexual mismatches and lack of understanding of male and female mismatches (Julal Cnossen, Harman, Butterworth, 2019). Other research has shown that effective beliefs play a mediating role in the relationship between attachment styles and relationship satisfaction. People with insecure attachments experience less marital satisfaction in their relationship because they have less effective beliefs about their ability to care for others and want to care for others. From what has been said, it seems that communication beliefs can be a good predictor of a successful marriage and married life. On the other hand, any time two people live together as a couple, due to the nature of the spouse's interaction, there are times when either disagreements/conflicts arise or their needs go unanswered, and as a result, there are bound to be episodes of anger. Therefore, men and women should not only be able to establish an effective relationship, but should also be prepared to deal with it through a systematic problem-solving strategy (Roustaei, Janghorbanian, & Ghadiri, 2015). Problem-solving is a kind of objective-oriented thinking and is a mental process and logical and orderly thinking that helps the individual to seek out several solutions to complex problems and then select the best solution. Problem-solving consists of three components as follows: (i) self-confidence in problem-solving, (ii) proximity-avoidance approach, and (iii) personal control, which, respectively, express the belief in the ability to solve problems, the desire to overcome problems or face them and use a variety of strategies in controlling behavior and purposefulness in the problem-solving process (Yuan, Williams, Fang, and Pang, 2012). Problem-solving is based on the fact that many mental and social illnesses are either due to a lack of effective coping behaviors or due to the use of ineffective coping behaviors. Deficient coping skills are the source of experiencing stress and adverse emotional, behavioral, cognitive, and interpersonal effects. Problem-solving as a thinking manner aims to solve a particular problem that involves both the construction of responses and the selection of possible responses. There is a slight difference between

men and women in this thinking in terms of time and quality of problem-solving so that men need less time to solve the problem and as a result, their error rate is higher compared to women, while women's problem-solving thinking is slowing down under the influence of their abstract thinking. Hence, it can be concluded that men and women should live together to cover each other's shortcomings (Roustaei, Janghorbanian, & Ghadiri, 2015). Acceptance and commitment therapy (ACT) is one of the psychological approaches that can affect the adjustment of relationship beliefs and couples' ability in problem-solving (Nami, 2016; Mousavi & Hatami, 2017). ACT aims to train people not to judge and accept their inner events, particularly those they do not want (Hayes & Lillis, 2012). Its underlying principles include: (i) Acceptance or desire to experience pain or other disturbing events without trying to control them; (ii) Value-based action or commitment combined with a desire to act as meaningful personal goals is more than the removal of unwanted experiences that interact with other nonverbal dependencies in a way that leads to healthy functioning. This approach includes empirical experiences and exercises based on exposure, linguistic metaphors, and methods such as mental care training (Hayes & Lillis, 2011). Through this treatment, it first is attempted to increase an individual's psychological acceptance of mental experiences, thoughts, emotions, etc., and reciprocally reduces ineffective control practices (Kanter, Baruch, & Gaynor, 2006). Developing psychological flexibility is one of the objectives of this approach, i.e., to provide the ability to select an action that is more appropriate among various options, rather than an action that is done only to avoid disturbing thoughts and emotions, memories, or desires or is imposed on the individual (Forman & Herbert, 2008). Therefore, the main objective of this approach is to assist the individual that can control the pains, sufferings, and stresses of life and create a fruitful and meaningful life. ACT emphasizes mindfulness, acceptance, and cognitive defusion skills to increase psychological resilience (Hayes & Lillis, 2012). On the other hand, the literature suggested that couple interaction has good results in creating a negative attitude towards divorce or separation since marital and relationship skill training is an appropriate strategy to obtain marital satisfaction (Azizi, Esmaeli, & Manshadi, 2016). According to the findings of Yalcin and Karahan (2007), it seems that life skill training through improving relationship skills and

problem-solving training has a positive effect on marital adjustment and leads to long-term behavioral modification. Life skills increase couples' challenges and adjustment to the environment and enable them to deal effectively with family, occupational, and social environment issues. Life skill training enables individuals to translate their knowledge, values, attitudes, and skills into actual abilities so that one knows what to do and how to do it. This ability assists couples ineffectively dealing with conflicts and challenging life situations (Naeem & Rezaei, 2016). Therefore, as abovementioned, it should find the answer to the question of whether ACT and life skill interventions affect the problem-solving style and relationship beliefs in male divorce applicants with worry symptoms.

### Materials and Methods:

The present study is naturally quantitative research in the collected data and purposefully practical research. This research is methodologically a quasi-experimental study with a pretest-posttest design including two control and experimental groups. The statistical population of this study consisted of all male divorce applicants referring to Iranmehr Counseling Center in Aliabad Katoul in 2018. The sample was selected by using a convenience sampling method among male divorce applicants referring to Iranmehr Counseling Center in Aliabad Katoul who responded positively to the call. Among them, individuals with higher than average scores on the Penn State Worry scale (1990) were selected and randomly assigned to two experimental groups and one control group (15 individuals in each group). Following the completion of Cassidy-Long's Problem-Solving Style Inventory (1996) and Eidelson-Epstein's Relationship Beliefs Inventory (1982), ACT intervention program (6 sessions of 90 min) using the Vowles and Sorrell treatment protocol (2007) and based on the book *Acceptance and Commitment Therapy in Practice* translated by Kamali (2016) was performed on the first experimental group and life skills (6 sessions of 90 min) using the book *Life Skills* by Mohammadkhani and Mootabi (2016) was performed on the second experimental group and the control group did not receive any training program. Finally, the abovementioned questionnaires were redistributed among all three groups, and then all the subjects, officials, and staff were appreciated.

**Problem-solving style questionnaire:** This scale was developed by Cassidy and Long (1996) in two steps that include 24 items and six sub-scales of helplessness, problem-solving control, creativity, confidence, avoidance, and approach styles measuring each style by using four test questions. Three sub-scales of creativity, confidence, and approach styles measure adjusted problem-solving model, while three sub-scales of helplessness, problem-solving control, and avoidance measure non-adjusted problem-solving style. The scores of zero and one were assigned to each response and the score of 0.5 was considered for the option "I do not know". The internal validity of the above sub-scales are as follows: 0.57, 0.65, 0.52, 0.71, 0.66, and 0.86, respectively. Mohammadi and Sahebi (2001) reported the reliability of this scale through internal consistency (Cronbach's alpha) equal to 0.60. Moreover, the reliability and validity coefficients were reported in a study by Babapour and Ejehe (2002) to be 0.77 and 0.87, respectively.

**Relationship Beliefs Questionnaire:** This questionnaire was developed by Eidelson and Epstein (1982) to measure relationship beliefs in marital life and was translated into Persian by Mazaheri and Pouretemad (2003). The questionnaire has 40 items, each of which is answered on the Likert scale in a range from completely incorrect to completely correct. It has 5 sub-scales that measure five beliefs (three assumptions and two standards), which are: (1) "disagreement is destructive" (assumption), (2) "mindreading is expected" (standard), (3) "partners cannot change" (assumption), (4) "sexual perfectionism" (standard), and (5) "the sexes are different" (assumption). The internal consistency of this scale was evaluated in several studies. Eidelson and Epstein (1982) reported Cronbach's alpha coefficient of the questionnaire from 0.72 to 0.81. The reliability of this questionnaire obtained by the test-retest method was 0.81 (Shayesteh, Sahebi & Alipour, 2006). This scale was standardized by Cronbach's alpha method and the results showed that the alpha coefficient for the sub-scales of "disagreement is destructive", "mindreading is expected", "partners cannot change", "sexual perfectionism", and "the sexes are different" were 0.85, 0.76, 0.72, 0.63, and 0.56, respectively. According to Mazaheri and Pouretemad (2003), the internal consistency of the subscales was reported 0.47-0.70.

**Penn State Worry Questionnaire (PSWQ):** The Penn State Worry Questionnaire (PSWQ) is a 16-item scale developed by Meyer et al. (1990) and Molina and Brooke (1994) to assess a person's general tendency to worry. Sixteen items of this questionnaire were selected after factor analysis of 161 questions related to worry. The literature reported that Cronbach's alpha for this questionnaire ranged from 0.88 to 0.95 and an appropriate validity of test-retest between 0.74 and 0.92 (within 2-10 weeks) (Dave Wells, 2006).

**Acceptance and Commitment Therapy Protocol:**

This protocol was prepared using Vowles and Sorrell (2007) treatment protocol and based on the book Acceptance and Commitment Therapy in Practice translated by Sara Kamali (2016):

**Table 1. Acceptance and Commitment Therapy Protocol**

Session No.	Activity
<b>Session 1</b>	Establishing a therapeutic relationship; Familiarity with group members; Explaining about acceptance and commitment therapy (ACT); Motivating the clients to change; Conducting a pre-test.
<b>Session 2</b>	Training creative frustration and familiarity with the list of discomforts and problems that the client has tried to get rid of.
<b>Session 3</b>	Creating acceptance and mindfulness by giving up trying to control and creating cognitive defusion and reviewing the previous session.
<b>Session 4</b>	Training for a worthwhile life and acquaint clients with their life values.
<b>Session 5</b>	Evaluating the goals of life and obstacles to the goals and actions of the individual; Specifying values; Familiarity with passion and commitment.
<b>Session 6</b>	Identifying and removing barriers to actions and goals; Summarizing.

**Problem-Solving Skills Training Program:**

This training program was performed using the Book Life Skills by Mohammadkhani and Mootabi (2016):

**Table 2. Problem-Solving Skills Training Program**

Session No.	Activity
<b>Session 1</b>	Familiarity and introduction of problem-solving skills and their training necessity; Familiarity with different types of dealing with problems.
<b>Session 2</b>	Introduction to the advantages of problem planning, examining inefficient cognitions in problem-solving.
<b>Session 3</b>	Precisely definition of the problem and turns it into simpler and unambiguous components along with an operational description of the problem.
<b>Session 4</b>	Using the method of mental precipitation for the real problems of the subjects.
<b>Session 5</b>	Evaluating the solution to problems and prioritizing them, encouraging the subjects to evaluate their proposed solutions to the problems.
<b>Session 6</b>	Problem-solving based on pre-prepared stories, encouraging subjects to solve their problems, conducting post-test.

In this research, the SPSS-24 software was used for descriptive and inferential analysis.

**Findings:**

Descriptive characteristics of the age of the participants in the study showed that a total of 30 subjects (15 people in the experimental group and 15 people in the control group) with a mean of 36.4±4.5 years old participated in this study.

**Table 3. Descriptive characteristics of the difference in change of subscales of research variables by two groups**

Variable	Test	Group	Mean	SD	Kolmogorov-Smirnov	P
<b>Helplessness in problem solving</b>	Pre-Test	Life skill	1.33	0.82	1.278	0.076
		Acceptance & Commitment	1.47	0.92	1.826	0.003
	Post-Test	Control group	1.2	0.86	0.365	0.999
		Life skill	3	0.65	0.517	0.97
	Pre-Test	Acceptance & Commitment	2.47	0.74	0.73	0.66
		Control group	1.4	1.06	1.278	0.078
<b>Problem control</b>	Pre-Test	Life skill	1.47	0.99	0.548	0.925
		Acceptance & Commitment	1.67	1.05	0.517	0.97
	Post-Test	Control group	1.07	0.8	0.776	0.66
		Life skill	2.67	0.82	0.667	0.53
	Pre-Test	Acceptance & Commitment	2.13	0.92	1.826	0.003
		Control group	1.13	0.74	1.03	0.235
<b>Creativity style</b>	Pre-Test	Life skill	2.1	1.06	1.124	0.160
		Acceptance & Commitment	2.13	1.13	1.402	0.068
	Post-Test	Control group	1.6	1.06	1.345	0.076
		Life skill	2.27	1.16	1.430	0.052
	Pre-Test	Acceptance & Commitment	2.33	1.23	0.4	0.997
		Control group	1.67	1.05	0.4	0.997
<b>Confidence in problem-solving</b>	Pre-Test	Life skill	1.47	1.06	0.934	0.23
		Acceptance & Commitment	1.87	0.83	1.43	0.054
	Post-Test	Control group	1.47	0.92	0.096	0.023
		Life skill	3.6	0.51	0.066	0.2
	Pre-Test	Acceptance & Commitment	2.8	0.86	0.07	0.2
		Control group	1.27	0.88	0.067	0.2
<b>Avoidance style</b>	Pre-Test	Life skill	1.7	0.72	0.093	0.033
		Acceptance &	1	0.76	0.934	0.23

		Commitment						Life skill					
<b>Approach style</b>	Control group	1.67	0.62	0.934	0.2	<b>Partners cannot change</b>	Pre-Test	Acceptance & Commitment	27.4	7.73	0.594	0.872	
	Life skill	3.27	0.59	1.278	0.076		Control group	27.07	6.55	0.536	0.937		
	Post-Test	Acceptance & Commitment	2.2	0.56	1.826		0.003	Life skill	25.4	7.34	0.67	0.76	
	Control group	1.87	0.74	0.365	0.999		Post-Test	Acceptance & Commitment	26.93	7.98	0.896	0.399	
	Life skill	2.2	0.94	0.517	0.97		Control group	26.67	6.61	0.636	0.814		
	Pre-Test	Acceptance & Commitment	1.73	1.22	0.73		0.66	Life skill	20.73	4.61	0.193	0.248	
	Control group	1.8	0.77	1.278	0.078		Pre-Test	Acceptance & Commitment	21.93	4.35	0.054	0.2	
	Life skill	2.47	0.92	0.548	0.925		Control group	19.8	4.69	0.146	0.2		
	Post-Test	Acceptance & Commitment	1.93	1.44	0.517		0.97	Life skill	15.33	3.7	0.125	0.2	
	Control group	1.93	0.96	0.776	0.66		Post-Test	Acceptance & Commitment	13.27	3.24	0.131	0.19	
	Life skill	10.27	1.98	0.667	0.53		Control group	19.2	4.92	0.117	0.2		
	<b>Problem-solving</b>	Pre-Test	Acceptance & Commitment	9.87	2.23		1.826	0.003	Life skill	104.87	5.84	0.154	0.148
Control group		8.8	2.01	0.73	0.66	<b>Relationship beliefs</b>	Pre-Test	Acceptance & Commitment	112.07	8.7	0.097	0.2	
Life skill		17.27	1.91	0.365	0.99		Control group	102.33	8.9	0.097	0.2		
Post-Test		Acceptance & Commitment	13.87	1.92	1.095		0.181	Life skill	90.87	6.97	0.093	0.2	
Control group		9.27	2.49	0.548	0.925		Post-Test	Acceptance & Commitment	85	10.85	1.03	0.235	
Life skill		29.07	5.05	0.128	0.254		Control group	100.07	8.82	1.124	0.160		
Pre-Test		Acceptance & Commitment	35.07	3.17	0.125		0.23	Life skill	67.32	8.7	1.402	0.068	
Control group		26.33	6.48	0.798	0.648		<b>Worry symptom</b>	Pre-Test	Acceptance & Commitment	68.53	5.7	1.345	0.076
Life skill		24.93	5.52	0.548	0.795			Control group	71.8	8.3	1.430	0.052	
Post-Test		Acceptance & Commitment	27.13	5.73	0.177			0.05	Life skill	43.54	5.6	0.738	0.648
Control group		25.67	6.23	0.115	0.2			Post-Test	Acceptance & Commitment	41.34	6.6	0.925	0.301
Life skill		29.73	4.61	0.116	0.24			Control group	67.45	7.6	1.285	0.089	
Pre-Test	Acceptance & Commitment	27.67	4.92	0.137	0.26			<b>Mindreading is expected</b>	Life skill	29.73	4.61	0.116	0.24
Control group	29.13	4.53	0.145	0.21	Pre-Test	Acceptance & Commitment			27.67	4.92	0.137	0.26	
Life skill	25.2	4.11	0.105	0.22	Control group	29.13			4.53	0.145	0.21		
Post-Test	Acceptance & Commitment	17.67	2.89	0.115	0.2	Life skill			25.2	4.11	0.105	0.22	
Control group	28.53	4.6	0.087	0.21	Post-Test	Acceptance & Commitment			17.67	2.89	0.115	0.2	
Life skill	28.53	4.6	0.087	0.21	Control group	28.53			4.6	0.087	0.21		

The mean scores of the experimental and control groups before and after the implementation of the life skill training program and acceptance and commitment therapy are presented in Table 3. As can be seen, the scores of the subjects in the experimental groups improved compared to the control group in all variables.

**Table 4. Direct and indirect effects of predictive variables on criterion variables based on standard coefficients**

	Variable	Sum of squares	Mean of squares	F	df 1	df 2	Sig.	$\eta^2$
Acceptance & commitment	Helplessness in problem solving	3.5	3.5	17.1	1	28	0.001	0.43
	Problem-solving control	0.082	0.082	6.3	1	28	0.019	0.22
	Creativity style	9.2	9.2	0.37	1	28	0.54	0.017
	Confidence in problem-solving	2.01	2.01	25.9	1	28	0.001	0.54
	Avoidance style	0.27	0.27	5.7	1	28	0.025	0.20
	Approach style	0.33	0.33	1.2	1	28	0.26	0.056
	Disagreement is destructive	228.2	228.2	27.3	1	28	0.001	0.53
	Mindreading is expected	446.2	446.2	136.9	1	28	0.001	0.85
	Partners cannot change	1.2	1.2	4.01	1	28	0.32	0.042
	Sexual perfectionism	185.3	185.3	53.9	1	28	0.001	0.69
Life skills	Helplessness in problem solving	10.6	10.6	36.4	1	28	0.001	0.62
	Problem-solving control	11.06	11.06	29.2	1	28	0.001	0.57
	Creativity style	0.011	0.011	0.121	1	28	0.73	0.005
	Confidence in problem-solving	24.3	24.3	84.2	1	28	0.001	0.79
	Avoidance style	8.6	8.6	20.1	1	28	0.001	0.47
	Approach style	0.052	0.052	0.179	1	28	0.67	0.008
	Disagreement is destructive	80.15	80.15	21.8	1	28	0.001	0.47
	Mindreading is expected	124.6	124.6	26.1	1	28	0.001	0.65
	Partners cannot change	1.2	1.2	1.5	1	28	0.22	0.061
	Sexual perfectionism	142.3	142.3	62.5	1	28	0.001	0.72

The results of analysis of covariance for each of the subscales of relationship beliefs and problem-solving style in the two interventions of ACT and life skills show that there is a significant difference in all components between the experimental and control groups in pre-test and post-test, after removing the effect of pre-test ( $P = 0.0001$ ).

**Discussion and Conclusion:**

The results of this study indicated a significant improvement of the subjects in ACT, in the problem-solving style subscales compared to the beginning of the study, which is consistent with the findings of Mirzakhani and Shirafkan-Kopken (2015) and Narimani et al. (2014). In the explanation of this research, it can be stated that ACT believes that psychological damage is associated with trying to control or avoid negative thoughts and emotions. This therapy emphasizes the value of life and that the patient should live. Therefore, this treatment favors being receptive to inner experiences, because avoiding painful issues and experiences leads to suffering. Struggling to keep these emotions intact leads us to avoid the things that are important to us and that make sense in life. ACT focuses on identifying issues and problems that hinder valuable lives and changing our relationship with our inner experiences, not merely changing experiences (Urasiko, Formen, & Herber, 2010). In the ACT approach, problems are divided into three parts: (i) problems that are not solved, such as what happened in the past or problems that exist in the present; (ii) problems that can be solved 50% of the time, and (iii) it should be attempted to solve the problems of the second category, if they are solved, they will be in the third category, and if not, they are in the first category. Therefore, if a person has a problem, he should assess to determine which category it belongs to. Thus, unsolvable problems must be accepted, as, in this treatment approach, people are told that there are many things from birth that we did not like, but we have accepted them. For example, it is possible that someone does not like his place of birth, but he has accepted it and lives in it; or he is not interested in his family, but he accepts and loves them; or other issues such as height, skin color and the like that we have accepted and do not think about them every day and do not involve ourselves in it. Accordingly, individuals are encouraged to reinforce dealing with issues in a non-judgmental and compassionate manner through experiences by reducing empirical avoidance, increasing

flexibility, and increasing activity invaluable directions (Roymer & Lee, 2009).

On the other hand, in this treatment, using strategies such as creating mindfulness when facing problems and facing them and trying to control the situation, as a result of dealing with problems instead of using emotion-based solutions, the solution will use problem-oriented solutions and will solve problems by accepting them and fully understanding them.

The results of the study also showed a significant improvement in the subjects during ACT intervention in the total score of relationship beliefs and its subscales compared to the beginning of the study. Moreover, the results of this research are consistent with the researches of Abbasi (2013), Ramzi (2014), Efert and Sara (2014), Shechtman and Pastor (2012), and Chang (2010). In explaining the effectiveness of the ACT approach to modifying beliefs, it can be noted that since this approach is mainly focused on accepting the mental experiences of individuals' thoughts and emotions and thus reducing ineffective control, couples can accept themselves as they are with all their positive and negative thoughts and do not judge each other. Subjects move towards a productive and meaningful life and establish a quiet life for themselves by effectively accepting and controlling the pains, sufferings, and tensions that life inevitably imposes on them. ACT – involves cognitive-behavioral problem-solving, moment-by-moment awareness of emotions (mindfulness, and unconditional acceptance of the problem/disorder) – helps individuals to develop the skills needed to solve problems. Since male divorce applicants suffer from many cognitive distortions and dysfunctional thoughts, activation of these thoughts not only causes the person to focus on himself, devalue and despair about the future but also has a great effect on the aggravation of symptoms (Sobouhi, Fatehizadeh, Ahmadi, et al., 2014). Furthermore, behavioral commitment exercises with defusion and acceptance, as well as discussions about the values, beliefs, and goals of the individual and the need to specify values, all led to the modification of relationship beliefs in male divorce applicants through this treatment. The strong emphasis was on the desire for inner experiences to help them experience their disturbing thoughts and beliefs only as a thought, to become aware of their dysfunctional nature, and instead of responding to it, to do what is important to them in life and line with their values, individuals were trained on how to get rid of annoying thoughts and beliefs.

On the other hand, the results of this study showed a significant improvement in the subjects of the group under life skill training in the overall score of problem-solving style and its subscales compared to the beginning of the study, which is consistent with the findings of Zaree and Nahravanian (2018), Farnam (2016), Maddoux (2014), Lebelanc (2012), and Chinaveh (2010). For explaining these findings, it can be noted that problem-solving is one of the constructive skills that can reduce the relationship problems of couples. Emotional reaction is one of the most important characteristics of problematic situations such as conflict for couples. Therefore, the first step in all problems of life is to pause and think about them (Mousavizadeh, Sohrabi, & Vahedi, 2012). Using problem-solving constructive skills to solve problems and use emotion, feeling, and controlling negative emotions and their interaction with each other, has an important role in reducing conflicts and their dimensions. Cropley (2005) explains that couples, who employ problem-solving or negotiation skills (e.g., active listening, solution-solving, and empathy), conflict resolution skills, increased positive interaction, and development of positive feelings in relationships, have more marital adjustment and satisfaction (Sadeghi, Mazaheri & Mootabi, 2013). Furthermore, the explanation of the findings of this study and related literature indicates that whenever the problem-solving power of the individual and family members is high, they will interact well with each other and will be able to resolve role conflicts well (Lavaf, 2014).

Gaining problem-solving skills by helping to reach a practical solution agreed upon by both spouses and creating a participatory atmosphere, commits the couple to resolve problems and conflicts in a way that does not need to lose one spouse for the sake of another, and ultimately With the formation of a win-win pattern, both spouses feel equal, and this causes a good feeling and positive emotion in the couple.

The results of the study also showed that the subjects achieved a higher overall score in relationship beliefs and its sub-scales during life skill training. The results of this study are consistent with the findings of Azizi, Esmali, and Dehghanmanshadi (2015), Rasouli and Falahat (2013), and Yaclin and Karahan (2007). For explaining these findings, it can be noted that male divorce applicants who suffer from anxiety and worry, do not have logical and specific strategies to get out of these issues and become more vulnerable in the face of problems of daily life and its consequences, and of



course, the result is marital dissatisfaction and even divorce. In this regard, problem-solving skill training increases the individual's adjustment to the environment and its problems and enables the person to deal effectively with the issues in their marital life. On the other hand, problem-solving skill training can improve the couple's understanding of each other and change their beliefs according to their personality traits by creating the ability to deal with problems in a problem-oriented manner (Azizi et al., 2016). Another factor is the emphasis on the relationship aspects of couples, often marital problems arise from a lack of relationship skills, and problem-solving is one of the constructive skills that can reduce the relationship problems of couples. Moreover, the awareness of couples about the naturalness of disagreements and differences between husband and wife and looking at conflicts as an issue and a challenge to resolve and not a threatening and destructive factor can be a great support in resolving their conflicts and their attitudes toward relationships (Ghalili, Ahmadi, & Fatehizadeh, 2008).

The limitations of the present study include the lack of conditions for the follow-up step, the limited research to Aliabad Katoul city, which limits the possibility of generalizing the results to other cities, and also the use of convenience sampling method that generalizes the results to other samples with precaution. Therefore, it is suggested that in subsequent studies, quarterly and six-month follow-ups be performed to evaluate the persistence of the intervention. Also if possible, randomly selected samples to be used in other studies. It is also suggested that other studies be conducted in different cities so that the possibility of generalizations to other cities is not limited. It is further proposed that workshops are presented by health professionals on life skill training, including problem-solving, decision making, etc. to reduce emotional-behavioral problems, as well as couple therapy workshops for premarital training for young couples should be held in clinical centers as well as counseling and psychotherapy centers.

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