



## The Impact of Acceptance-Commitment Therapy (ACT) in Increasing Rate of Marital Satisfaction in Married Women

Peymaneh Keyvanpour<sup>1</sup> and Farzane Lotfi kashani<sup>2</sup>

<sup>1</sup> Department of Education Yazd Olum Tahqiqat Branch, Islamic Azad University, Yazd, Iran

<sup>2</sup> Faculty member at the University of Rudehen

\*Corresponding author's Email: Keyvanpour.P@gmail.com

**ABSTRACT:** This study examines the impact of acceptance-based treatment (ACT) in increasing rate of marital satisfaction in married women. To this end, 30 women who participated in Shams Abad-Majidieh neighborhood were divided into 2 groups of 15 people. Experimental and control. The participants were tested before and after the intermediation accomplishment with the Enrich marital satisfaction questionnaire (a 47-question form). Acceptance-based treatment was applied in eight training sessions of 1.5 hours. The results indicate that acceptance-based treatment has caused the increasing of marital satisfaction rate in married women in control group.

**Keywords:** Acceptance-Based Treatment, Marital Satisfaction

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### INTRODUCTION

Many approaches and techniques have been created over the past decades as a general concept of Acceptance-based Models. Acceptance-commitment therapy (ACT) is one of them. The major objective is to create a psychological flexibility in which to produce the ability to select among various options. An appropriate option is chosen instead of avoiding thoughts, senses, memories or confused tendencies (Forman and Herbert, 2008). Acceptance-commitment therapy is effective in depression (Kanter et al., 2006), psychosis (Bach and Hayes, 2002), substance abuse (Gifford et al., 2004), burnout (Bond and Bunce, 2003), chronic pain (Dahl and Nilsson, 2004). Pourfaraj (2011), acceptance-commitment therapy in groups is effective in social anxiety disorder treatment. GharayiArdakaniet al. (2012) demonstrated in their research in the name of acceptance-commitment treatment approach effectiveness in pain reduction that the treatment is effective in reducing pain of women suffering chronic headaches. Kianiet al. (2012) discovered in their research on people consuming crystal meth (methamphetamine) that two treatment groups in two periods had a significant effectiveness in intensity of consuming voracity but acceptance-commitment treatment and mindfulness are effective in reduction of psychological harm caused by amphetamine consume because of the common treatment components. Mojdehi et al. (2011) demonstrated in their study that acceptance-commitment therapy (ACT) and value-based life operate as a cure mediator. Mahdavian discovered that cognitive-behavioral approach training might increase marital satisfaction. HalukYavuzer et al. indicated that Behavioral modification technique (BMT) and communication training (CT) have a significant cause on increasing rate of marital satisfaction. Kogh

et al. demonstrated that acceptance based interventions might cause less sensitivity to the pain. Acceptance and commitment therapy is one of the subsets of the cognitive behavior therapy, which is based on this principle that pain avoidance causes inability and life quality reduction. According to this theory, avoidance happens when logical thoughts and senses have an inappropriate and extreme effect on behavior. In treatment process, encounter the avoided situations may be determined as a core intervention. They have emphasized the activity level improvement, despite the treatments, which are confirmed on the reduction or control of the illness or on the development of negative reactions acceptance level, which are not directly changeable (physical thoughts and senses).

### MATERIAL AND METHODS

The research type is functional and groups are divided randomly into control and experimental. Independent variable (ACT) was applied in the Enrich marital satisfaction questionnaire, the correlation coefficient in the family satisfaction scale is 0.41 to 0.60, and in the life satisfaction scale is 0.32 to 0.41. This indicates the construct validity. All of the subscales separate satisfied and unsatisfied couples. This demonstrates that Enrich questionnaire has a fine criterion validity (javanbakht, 2013). It has been confirmed about the Enrich questionnaire stability in Olson, Fournier and Druckman reports. The alpha coefficient in many researches has been procured from 0.68 (for egalitarianism roles) to 0.86 (for marital satisfaction) with the mean score of 0.79. In Mahdavian's research, Pearson correlation coefficient has been achieved 0.93 (for men) and 0.94 (for women) in a duration of one week. The alpha

coefficient of 47 questions form in Mirkheshti research has been achieved 0.92 and in Soleymanian research has been procured 0.95. The results indicated that 46.7 % of the experimental group members and 33.3 % of the control group members are in the age group of 30 to 35. 20 % of the experimental group members and 40 % of the control group members are in the age group of 35 to 40 and eventually 33.3 % of the experimental group members and 26.7 % of the control group members are in the age group of 40 to 45.

**Table 1.** Descriptive components of control and experimental groups subject scores

source	SS	df	MS	F	Sig.
<b>Modified model</b>	11422.700	3	3807.567	121.997	0.001
<b>width</b>	873.934	1	873.934	28.001	0.001
<b>group</b>	220.469	1	220.469	7.064	0.013
<b>Pre-test</b>	7311.915	1	7311.915	234.279	0.001
<b>Group pre-test</b>	67.683	1	67.683	2.169	0.153
<b>error</b>	811.467	26	31.210		

**Table 2.** Intergroup effects test for review of interaction existence between auxiliary variable and independent variable

		Experimental		control	
		M	sd	M	sd
<b>Distress</b>	Pre-test	168.69	22.509	165.47	18.799
	Post-test	189.80	17.350	166.53	16.818

As seen, the interaction between group and pre-test is not significant. Therefore, it can be expressed that it does not support the assumption of homogeneity of regression slopes. As followed, the variance equality of dependent variable was calculated by Levene's test (3 table).

**Table 3.** Levene's test results

F	df1	df2	sig.
<b>0.941</b>	1	28	0.340

As Table 3 indicates, the level of significance is more than 0.05 and assumed data has not declined the equality of variances error (F=0.941 DF=1 and 28, p=0.340). The regression diagram analysis also confirms the linear relationship between the auxiliary random variable and dependent variable. Thus, there are the conditions for covariance analysis.

**Table 4.** The summary of covariance analysis results for the review of groups effects on marital satisfaction variable

Source	SS	d f	MS	F	Sig.	Partial Eta
<b>Modified model</b>	11355.017	2	5677.508	174.365	0.001	0.928
<b>width</b>	985.137	1	985.137	30.255	0.001	0.528
<b>Pre-test</b>	7294.983	1	7294.983	224.040	0.001	0.892
<b>group</b>	3216.774	1	32.561	98.792	0.001	0.785
<b>error</b>	879.150	2 7				

As seen on the table above, the probability of zero assumption for the comparison between experimental and control group in the distress post-test is less than 0.05. In the other word, after the adjustment of pre-test scores, there is a significant difference in the interaction among the groups subjects in the marital satisfaction variable post-test (Partial eta=0.785 and P=0.001, F=98.792). According to the findings, it can be expressed that executed intervention for the marital satisfaction increase has been effective.

**DISCUSSION**

After the data analysis with the covariance method, the results indicated that this treatment method is effective in marital satisfaction. According to the researches done inside and outside of Iran, there was no study found related to our subject. ACT interventions has been assessed with other variables like reduction of obsessive-compulsive disorder and drugs consume decrease. It has been useful for the both cases mentioned above for the experimental group.

Acceptance-commitment therapy execution experience indicated that affirmation on marital satisfaction function improvement is eventually effective in life quality development. However, according to the feedbacks received from experimental group, in this study, it was defined that this treatment method has influenced greatly on marital life. One the reasons is through creation and development of acceptance rather than treatment changes. It is also considered that another reason is the impact of great and fundamental attention of this treatment to the life nature of people. In this method, despite the other procedures, there is no imposed life style to the people and the clients are free to select based on their values system instead. Our developing community is in the transition from tradition to modernism and it is conflicting the confusion related to this transition. These problems and confusions can be appeared in many areas, which cannot be solved at least in short term. In special conditions, acceptance-commitment treatment and its positive aspect can centralize individual's energy on the more productive affairs with defining the changeable and unchangeable elements of people and environment. It can also avoid the waste of society wealth and energy. According to the indicated results, it is proposed that ACT intervention plans is applied in the wide range and especially for the marrying couples. According to this case that acceptance-commitment treatment is an experience-based treatment, it is proposed that the therapist transports the particular concepts, thoughts

and behaviors through training in which the individual is guided to the direct experience. The members attended in this treatment expressed that they could deal with problems with the use of metaphor in many difficult situations. Thus, the therapist should use the metaphors, which are visible for the individuals. The treatment objective must be defined based on scientific findings, not based on the individual wills. One of the crucial tasks are done for the individuals is the creation of participation atmosphere with no imposition. It is proposed that this approach is applied with other variables like self-confidence, conflicts resolution, assertiveness, anxiety reduction and the results is compared to the this study.

## REFERENCES

- Bach, P., & Hayes, S.C. (2002). The use of acceptance and commitment therap> to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 70:1129- 1139.
- Bond, F.W. & Bunce, D. (2003). The role of acceptance and job control in mental health, job satisfaction, and work performance. *J Applied Psychology*, 88:1057-1067.
- Dahl, J., Wilson, K.G. & Nilsson, A. (2004). Acceptance and Commitment Therapy and the Treatment of Persons at Risk for Long-Term Disability Resulting from Stress and Pain Symptoms: A Preliminary Randomized Trial. *Behav Ther*, 35:785-801
- Forman, E.M. & Herbert, J.D. (2008). New directions in cognitive behavior therapy: acceptance based therapies, chapter to appear in wo'donohue, je. Fisher, (Eds), *cognitive behavior therapy: Applying empirically supported treatments in your practice*, 2nd ed. Hoboken, Wiley, 263-265.
- GharayiArdakani, S.H., Azad Falah, P. & Tavalyi, A. (2012). Acceptance-commitment approach effectiveness on pain reduction in women suffering chronic headaches. *Clinical Psychology journal*. 2012; 4 (2)
- Gifford, E.V., Kohlenberg, B.S &, Hayes, S.C. (2004). Antonuccio DO, Piasecki MM, Rasmussen-Hall ML. Acceptance-Based Treatment for Smoking Cessation. *Behavior Therapy* 2004; 35: 689-705.
- Javanbakht, H. (2013). Review of assertiveness training effectiveness on family function improvement and married women marital satisfaction in Tehran [dissertation] Tehran: OlumTahghighatazad Islamic university; 2013
- Kanter, J.W., Baruch, D.E. & Gaynor, S.T. (2006). Acceptance and Commitment Therapy and Behavioral Activation for the Treatment of Depression: Description and Comparison. *The Behavior Analyst* 2006; 29:161– 185.
- Mojdehi, M., Etemadi, A. & Falsafinejad, M. (2011) Review of treatment mediators and acceptance-commitment treatment effectiveness on generalized Anxiety Disorder. *Counseling and psychotherapy culture journal*. 2 (7)