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The effectiveness of acceptance and commitment based therapy (ACT) on marital adjustment, sexual satisfaction and life satisfaction in women

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Abstract

Introduction: The present study aimed to investigate the effectiveness of acceptance and commitment based therapy (ACT) on marital adjustment, sexual satisfaction and life satisfaction in women.

Materials and Methods: The statistical population of the study included all women who were referred to counseling centers in Quchan city in November 2015. The statistical sample of the study, which was selected by available sampling method in three clinics, included 30 women referred to counseling centers in Quchan city. Questionnaires of Spanier's Dyadic Adjustment Scale, Diener's life satisfaction scale and Larson's sexual satisfaction scale were completed. These women divided into two groups randomly (experimental and control groups). The experimental group received acceptance and commitment based therapy, while the control group were placed on a waiting list. Covariance analysis was used to analyze data and software SPSS was used to expedite the results.

Results: The results showed that women's life satisfaction who received ACT significantly increased than those who did not receive this intervention.

Conclusion: It seems that acceptance and commitment based therapy can increase life satisfaction in women.

Keywords: Acceptance and commitment based therapy, Adjustment, Life satisfaction, Sexual satisfaction

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Introduction

The family is the first and most important social institution in which a person is born, grows and enters larger communities. Therefore, the formation and creation of a constructive and healthy personality in individuals is realized within healthy families. The family should provide a safe, integrated and stress-free

environment. Therefore, the presence of mental health in each of the members is very important, especially the mental health of the husband and wife, which has a significant effect on other members, should be taken into consideration. Sexual satisfaction and marital compatibility is actually a positive and enjoyable attitude that

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husband and wife have in various aspects of marital relations (1).

Research have also shown that the psychological helplessness of spouses not only includes a decrease in overall happiness, a decrease in life satisfaction, depression, anxiety, obsession, and compulsion, but also a feeling of loneliness, emptiness, low self-esteem, confusion. It also leads to psychological problems and difficulties in performing parental duties (2).

The higher the positive feeling and satisfaction of husband and wife with each other, the higher the level of satisfaction with married life and their compatibility in housewives. This may be due to the fact that with the increase in happiness in life, positive emotions increase in couples and makes them evaluate problems as a positive phenomenon. In this case, they solve problems with proper mutual communication that is rooted in positive emotions and achieve satisfaction in life and marital compatibility. Also, sexual satisfaction is significantly related to marital life satisfaction (3). The satisfaction of married life is dependent on many factors, one of the most important of which is sexual satisfaction. 60% of the reasons for couples' divorce are rooted in sexual issues. Evidence confirms that happier people experience more satisfying marriages and have higher marital satisfaction. These people cope better with stressful conditions and create more stable personal resources for themselves (4).

Satisfaction with life is the most important component of mental well-being, which is related to the evaluation of the quality of life based on individual criteria, that is, high satisfaction with life is a state in which the conditions perceived by the individual correspond to the norms determined by him (5). Life satisfaction refers to a judgmental and cognitive process (6) in which people evaluate their quality of life based on a set of criteria. Although different people agree on the important components of a good life, such as health and successful relationships, they give different weights to these components. One of the indicators of mental health is the level of life satisfaction. Life satisfaction reflects the balance between personal desires and his current situation, in other words, the greater the gap between a person's desires and his objective

situation, the lower his satisfaction. Therefore, life satisfaction can be measured meaningfully and increase or decrease significantly. In other words, it is possible to increase it by identifying factors affecting life satisfaction (7). Olya, Fatehizadeh (8) showed in their study that life satisfaction and social support significantly predict mental health.

One of the important and influential factors on people's mental health and marital life is sexual satisfaction, as the study of Sprenkel and Blue (9) showed that sexual satisfaction and marital satisfaction are related to both men and women in permanent marriages and relationships. , but predictive studies could not provide useful information, because sexual satisfaction and relationship quality may have an effect on each other at the same time. Regarding the issue of childbirth and its complications, those who had sexual dissatisfaction were more likely to want to separate, and those who had more sexual satisfaction continued longer relationships. The relationship between sexual satisfaction and marital satisfaction is more in women than in men (10).

Sex is an important tool for experiencing intimacy. Good sex is associated with consistent relationship satisfaction. While little and unpleasant sex is the source of conflicts in problematic couples. Dissatisfaction with sex can lead to deep problems in sex and hatred of the spouse, annoyance, jealousy, competition, and a sense of revenge leading to feelings of humiliation, lack of self-confidence and the like. These issues are strengthened by tensions and differences or are manifested and manifested in their form and gradually deepens the gap between spouses (11). Treatment based on acceptance and commitment is one of the new and effective treatments for solving psychological problems and disorders. Therapy based on acceptance and commitment is different from traditional cognitive behavioral therapy. Its underlying principles include: 1) acceptance or willingness to experience pain or other disturbing events without trying to control them; 2) action based on value or commitment combined with the desire to act as meaningful personal goals before eliminating unwanted experiences. It is linguistic methods and cognitive processes that interact with other non-verbal dependencies in a way that

leads to healthy functioning. This method includes exercises based on exposure, linguistic metaphors and methods such as mental meditation (12). The main goal is to create psychological flexibility, that is, to create the ability to make practical choices among different options that are more suitable.

Therefore, according to the above content and the importance of a good relationship between husband and wife in terms of marital compatibility, sexual satisfaction and their life satisfaction from each other for their peace and physical, mental and mental health and subsequently its effect on the health and growth of the child and ultimately the health of the family. And also the lack of coherent and practical research on the subject, especially that therapy based on acceptance and commitment is one of the new and effective treatments in improving the psychological problems of people, it has been investigated to investigate the effectiveness of therapy based on acceptance and commitment.

Materials and Methods

At first, based on the available sampling method, three counseling centers were selected from among the statistical population, and then registration was done from those willing to participate in the research, and 30 of them were selected and randomly divided into two groups of 15 people, test and control. At first, a pre-test was taken from both groups, then the experimental group underwent 11 sessions (two sessions per week) based on acceptance and commitment therapy, each session lasting 120 minutes, and the control group was on the waiting list. After the sessions, a post-test was taken from both test and control groups, and then the questionnaires were scored and the data was analyzed using SPSS software. This is a clinical research (pre-test and post-test with unequal control group). The statistical population of the present study is all the women who were referred to counseling centers in Qochan city, who referred to these centers in November of 2014.

Research instruments

A) Spanier Marital Compatibility Questionnaire (DAS): The Spanier Marital Compatibility Scale includes a self-assessment questionnaire that consists of 32 questions and obtains people's subjective impressions about marital

compatibility. The scores of this questionnaire vary from 0 to 151, where scores equal to or more than 100 mean compatibility of people and scores less than 100 mean there is a problem in marital relations and lack of compatibility and family understanding. This questionnaire has 4 components of mutual satisfaction (10 items), solidarity (5 items), agreement (13 items) and expression of affection (4 items), and people whose score is 101 or less are considered to have marital problems and incompatibility. This scale was translated, implemented and standardized in Iran by Amozgar and Hossein Nejad (7). Studies related to the reliability and validity of this scale have always been positive. In fact, Spanier reported an internal consistency coefficient of 96% and a high reliability criterion for this scale. Bernstein has recommended the use of this scale everywhere. Because its psychometric foundations are very advanced compared to other scales. The total score of this scale has significant internal consistency with Cronbach's alpha of 96%. The internal consistency of the subscales is between good and excellent. Satisfaction is equal to 94%, solidarity is 81%, agreement is 90% and expression of affection is equal to 73%. To calculate the validity of this scale, Spanier compared 218 people who lived with their spouses with 94 people who were divorced, compared the average scores of the two groups (70.7) of the divorced group and 114.8 of the group who lived with their spouses, there was a significant difference in the whole scale and in the subscales at the level of $P < 0.01$. The validity of this scale in Iran has been checked first with the logical methods of content validity. This scale determines the compatibility of couples with the ability to distinguish between married and divorced couples in each question. It also has concurrent validity and is correlated with the Locke-Wallace marital scale (13).

B) Larson's Sexual Satisfaction Scale: This questionnaire was presented by Larson and his colleagues in 1998 and has 25 statements. In Shams' research, the validity and reliability of this test were reported as 9% and 86%, respectively. In another research, the reliability of this questionnaire using Cronbach's alpha coefficient was reported as 93% for a fertile group and 89% for an infertile group (11). This questionnaire contains 25 statements and its answers are in the

form of 5 options based on the Likert scale from 1 to 5. In the statements 1-2-3-10-12-13-16-17-19-21-22-23, the options of never, rarely, sometimes, most of the time and always receive scores from 1 to 5 respectively. In phrases 4-5-6-7-8-9-11-14-15-18-20-24-25, these options are scored in reverse and they receive scores from 5 to 1 respectively. Classification of sexual satisfaction questionnaire results: no sexual satisfaction 50-25, low sexual satisfaction 75-51, average sexual satisfaction 100-76, high sexual satisfaction 125-101 (11).

C) Diener's Life Satisfaction Scale: This scale was prepared by Diener and others (6) to measure overall life satisfaction and is used as an indicator of happiness in researches. This scale consists of 48 items. It also consists of 5 propositions that measure the cognitive component of subjective well-being. Subjects state, for example, how satisfied they are with their lives or how close life is to their ideal life. This scale consisted of 48 questions that reflected the level of satisfaction with life and well-being, and the factor analysis showed that it consists of three factors. 10 questions were related to life satisfaction, which after numerous reviews finally reduced to 5. The question was reduced and used as a separate scale. The reliability and validity of the life satisfaction scale has been examined in several studies. Diener et al evaluated the life satisfaction scale (SWIS) in a sample of 176 undergraduate students. The mean and standard deviation of students' grades were 23.5 and 6.43, respectively, and the retest correlation coefficient of grades after two months of implementation was 82% and Cronbach's alpha coefficient was 87%. Diener and his colleagues have reported good validity (convergent and discriminant) and reliability (Cronbach's alpha 0.89) for the scale. In front of each question, a 7-point Likert scale from

completely agree (score 1) to completely disagree (score 7) was considered. This scale has been adapted by Khair and Samani for use in Iran, and its validity and reliability evidences have been reported as favorable (14,15).

Summary of treatment sessions:

The first meeting: getting to know and communicating with each other

The second session: language and its dual role

In this session, the researcher used the form to register life against suffering.

The third session: reviewing the experiences of the previous session, action and experience versus thought and emotion

In this session, differentiating exercises were used, such as reading thoughts with a song and out loud, or practicing the dance of words and letters.

The fourth session: reviewing the experiences of the previous session, openness and acceptance

The fifth session: reviewing the assignment of the previous session, paying attention to awareness and being in the present moment (presence of mind)

The sixth session: Reviewing the assignment of the previous session, practice searching for values, or dart board

Seventh session: review of the task of the previous session, deliberate action (target selection and practical action), time management and that priority is given to important things.

Eighth session: reviewing the previous sessions, getting feedback from the clients about the sessions and ending the treatment

Results

To describe the data related to the samples, the statistical indices of the data in the experimental and control groups are calculated as follows:

Table 1. Descriptive statistics of marital adjustment variable

Group	Variable	Mean	Standard deviation	Minimum	Maximum
Test	Pre-test	85.23	18.472	51	113
	Post-test	90.46	19.852	42	114
Evidence	Pre-test	82.26	25.175	37	121
	Post-test	81.40	23.341	38	117
Total	Pre-test	83.80	21.751	37	21
	Post-test	85.93	21.78	38	117

The results of the above table show that the average level of marital compatibility in the

entire research sample was 83.80 in the pre-test and 85.93 in the post-test.

Table 2. Descriptive statistics of sexual satisfaction variable

Group	Variable	Mean	Standard deviation	Minimum	Maximum
Test	Pre-test	57.86	17.34	30	96
	Post-test	59.20	16.42	32	95
Evidence	Pre-test	63.46	19.62	34	95
	Post-test	65.73	23.64	32	103
Total	Pre-test	60.66	18.42	30	96
	Post-test	62.46	20.27	32	103

The results of the above table show that the average level of sexual satisfaction in the entire

research sample was 60.66 in the pre-test and 62.46 in the post-test.

Table 3. Descriptive statistics of life satisfaction variable

Group	Variable	Mean	Standard deviation	Minimum	Maximum
Test	Pre-test	12.60	2.640	8	18
	Post-test	16.13	3.204	10	20
Evidence	Pre-test	13.26	3.034	9	21
	Post-test	13.26	2.890	9	20
Total	Pre-test	12.93	2.815	8	21
	Post-test	14.70	3.333	9	20

The results of the above table show that the average level of life satisfaction in the entire research sample was 12.93 in the pre-test and 14.70 in the post-test. For this research, the multivariate covariance analysis method is used. Because the researcher aims to investigate the effectiveness of therapy education based on acceptance and commitment on self-dependent variables, and the pre-test-post-test design with a control group was used to conduct the research, so the effect of the pre-tests should be controlled.

At this stage, we will compare the average scores of marital compatibility, sexual satisfaction, and life satisfaction in the two groups of subjects in the post-test using multivariate covariance analysis. Also, before performing the multivariate analysis of covariance test, the assumption of homogeneity of the variances of the variables was examined using the box test, and the results of these assumptions showed that the analysis of covariance test can be used.

Table 4. The results of covariance analysis test

Changes source	Sum of squares	Degrees of freedom	Mean of squares	The amount of F	The significance level	Squared Eta
Group	280.529	1	280.529	7.604	0.011	0.233
Error	922.251	25	36.890			

According to the above table, it can be seen that there is a significant difference between the research groups. As a result, with a probability of 99%, therapy training based on acceptance and

commitment is effective on women's marital adjustment, and the amount of this effect is about 23% according to the eta square.

Table 5. The results of covariance analysis test

Changes source	Sum of squares	Degrees of freedom	Mean of squares	The amount of F	The significance level	Squared Eta
Group	280.529	1	280.529	7.604	0.011	0.233
Error	922.251	25	36.890			

According to the above table, it can be seen that there is no significant difference between the research groups and the value of the obtained significance level (0.708) is greater than the value of alpha with Ben-Ferroni correction ($\alpha=0.025$). Table 6- The results of the covariance analysis test .According to the above table, it can be seen that there is a significant difference between the research groups. As a result, with a probability of 99%, therapy training based on acceptance and commitment is effective on women's life satisfaction, and the amount of this effect according to the eta square is around 51%.

Discussion

In this research, the effect of therapy based on acceptance and commitment on marital adjustment, sexual satisfaction, and life satisfaction was investigated, and the results indicated that therapy based on acceptance and commitment in a group manner significantly affects these three variables. - Be These findings have been in line with many researches regarding the effect of treatment based on acceptance and commitment, although no similar researches were found. This finding is consistent with other similar studies, for example, in a study by Porfaraj Omran (16), Kayani, Ghasemi and Pour Abbas, Ebrahimi, Rezaian, Khorosh and Zargham (17), Izadi and Abedi (18), Narimani, Abbasi, Baghian Kole, Merz and Bakhti (19), Asman, Storasli and McNeil (20), Wihoff, Oskam, Scrivers and Balmeijer (21) did it. The results indicated that the therapy training based on acceptance and commitment has a positive effect on the dependent variables of the researchers, most of whom had worked on marital compatibility, sexual satisfaction, and life satisfaction, and will improve the relationship between husband and wife. In therapy based on acceptance and commitment, it is believed that thoughts are the product of a natural mind. What turns thoughts into beliefs is a person's mixing with the content of thoughts. Therapy based on acceptance and commitment through interventions related to cognitive dissonance seeks to help clients not to inflexibly submit to their thoughts and mental rules and instead, ways

to interact more effectively with find a world that is directly experienced. In the therapy based on acceptance and commitment, the interventions related to cognitive breakdown include exercises that break the literal meaning of internal events. The goal of these exercises is to teach clients to see thoughts as just thoughts, feelings as just feelings, memories as just memories, and bodily sensations as just bodily sensations. None of these internal events, when experienced, are inherently harmful to health. Their trauma comes from the fact that they are seen as traumatic, unhealthy and bad experiences that are what they claim to be and therefore must be controlled and eliminated. Treatment techniques based on acceptance and commitment place great emphasis on reducing cognitive confusion. When the cognitive fusion decreases, it means that a cognitive fault has occurred and the person is disconnected from the content of the thoughts, and it means that the person was able to see a thought only as a thought (acceptance) and not as a truth, and as a result, he does not act according to that thought. Breaking exercises help clients to interact with their body self-concept in a different way, which increases the client's behavioral treasury. When the client does not behave according to his thoughts despite his thoughts and behaves in line with his individual values (not thoughts), he will have a new experience. He was not doing something pleasant and this time he will act despite those thoughts and feelings and he will realize that he has the ability to do it and his body self-concept will increase and also this change in performance and action. Committedly, it can lead to a change in the attitude of people towards their sexual satisfaction and marital compatibility, as well as the feeling of happiness and joy from life and improving the quality of life of husband and wife. This therapy can help people to raise their self-awareness and by using acceptance-based techniques to weaken the learning of social support to behave in a way that personal events cause the behavior, and these should be controlled before pursuing the meaningful goals of life. In general, it helps a person to change wrong behaviors and thoughts by fully communicating with the present time and

mind-awareness, and in this way, the husband and wife can be fully satisfied with their lives and lead their lives well and solve problems and solve their problems in a favorable way and reach a common agreement on the problems (12).

Among the limitations of this research, the following can be mentioned. The treatment approach in question was new and therefore did not provide many scientific and practical resources to the researcher. He pointed out that the lack of follow-up test was due to the time limitations of the research, the lack of university education in some members of the studied sample, and the problem of accessing a wider sample. It is suggested that the number of training sessions be increased in order to practice and teach skills more precisely and in-depth. Simultaneous implementation of individual and group psychotherapy with different approaches on women to compare the effectiveness of new

approaches. Conducting a similar research for clients with other psychological disorders, implementing follow-up for treatment and repeated measurements, and it is better to include more samples in other research and use other sampling methods to generalize the results. Increase.

Conclusion

Treatment based on acceptance and commitment in a group way significantly increases satisfaction with life and increases the marital compatibility of women.

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References

1. Soleimani A. [The effect of the effects of irrational thinking (cognitive approach) on marital dissatisfaction]. MA. Dissertation. University of Tarbiyat Moalem, 1997. (Persian)
2. Danesh E. The impact of transactional analysis method on increasing marital compatibility of incompatible couples. *Journal of family research* 2010; 6(3): 373-91.
3. Rahmani A, Marghati E, Sadeq N. The relationship between sexual satisfaction and life satisfaction. *Iranian journal of nursing* 2011; 24(70): 82-90.
4. Carr A. [Positive psychology]. Sharifi P, Najafi Zand, Sanaei. (translators). Tehran: Sokhan; 2008. (Persian)
5. Ahmadi Kh, Marzabadi E. [The study of marriage and marital adjustment among Sepah personnel]. *Military medicine* 2010; 7(2): 141-52. (Persian)
6. Diener E, Sah EM. Saving quality of life. *Journal of economic, social and subjective indicators* 1985; 4: 189-216.
7. Jowkar B. The mediating role of resiliency between emotional and general intelligence and life satisfaction. *Contemporary psychology quarterly* 2007; 2: 2.
8. Oliya N, Fatehizadeh M. The effectiveness of marital enrichment training on increasing life satisfaction, social support and couple's mental health. *Journal of family research* 2009; 6(2): 119-35.
9. Sprenkle DH, Blow AJ. Common factors and our sacred models. *J Mar Fam Ther* 2005; 30(2): 113-19.
10. Tengland PA. *Mental health: A philosophical analysis*. Karnac Books; 2006: 9.
11. Shahsiah M, Bahrami F, Mohebi S. [The relationship between sexual satisfaction and marital commitment among couples in Shahr-reza city]. *Journal of fundamentals of mental health* 2009; 11(3): 233-8.
12. Forman EM, Herbert D. New directions in cognitive behavior therapy: acceptance based therapies, chapter to appear. In: O'donohue W, Fisher JE. (editors). *Cognitive behavior therapy: Applying empirically supported treatments in your practice*. 2nd ed. Hoboken, NJ: Wiley; 2009: 226-63.
13. Sanaei B. [Marriage and family assessment scales]. Tehran; 2000. (Persian)
14. Avey B. The implications of positive psychological capital on employee absenteeism. *J Leadersh Organ Stud* 2006; 13: 2.
15. Diener EE, Sun M, Lucas RE, Smith HL, Scollon C, Lucas RE. Subjective well-being: Three decades of progress. *Psychol Bull* 1999; 125: 276-302.
16. Poorfaraj Omran M. The effectiveness of group ACT on social phobia in academic students. *Knowledge and health quarterly* 2011; 6(2): 1-5.
17. Ebrahimi A, Rezaeian M, Khorvash M, Zargam M. The effectiveness of ACT on pain, quality of life and reduced anxiety associated with pain in patients with chronic pain. 5th Congress of Psychosis, 2013.
18. Izadi R, Abedi M. Reducing OCD symptoms in patients with treatment-resistant obsessive-compulsive through ACT. *Feiz Bimonthly* 2013; 17(3): 25-86.

19. Narimani M, Abbasi M, Begyan Kole Marz M, Bakhti M. Comparing the effectiveness of acceptance and commitment based training and group narrative therapy on modifying initial maladaptive schemas in divorce applicant clients. *Journal of consulting and family psychotherapy* 2014; 4(1): 21-49
20. Ossman WA, Storaasli RD, McNeill JW. A preliminary investigation of the use of acceptance and commitment therapy in group treatment for social phobia. *Int J Psychol Psychol Ther* 2007; 8(6): 397-416.
21. Veehof MM, Oskam M, Schreurs KMG, Bohlmeijer ET. Systematic review and meta-analysis. *Orig Res Article Pain* 2012; 152: 533-42.