

# Psychology of Woman Journal

2022, Volume 3, Issue 4, Pp. 63-73 eISSN: 2783-333X

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## The effectiveness of acceptance and commitment-based therapy on marital adjustment and burnout in women

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### Abstract

The family is the most important unit of society and marriage is the primary core of establishing and expanding a family relationship. The level of marital satisfaction is one of the important factors that affect the family in general. The aim of this study was the effectiveness of acceptance and commitment-based therapy on marital adjustment and burnout in women. This was a quasi-experimental study with a pretest-posttest design with a control group. The statistical population was couples referring to the Welfare Counseling Center in District 9 of Mashhad, from which 30 women with marital incompatibility and burnout referred to the counseling center were selected by available sampling method and randomly divided into two groups. Experiment (n = 15) and control (n = 15) were completed and completed the marital adjustment and marital burnout questionnaires before and after the intervention. The experimental group received acceptance and commitment treatment in 8 sessions of 90 minutes once a week, but the control group did not receive any intervention until the end of the study. Data were analyzed using SPSS22 software and analysis of variance. The results showed that there was a significant difference between the mean scores of marital adjustment and marital burnout in the stages before and after the intervention ( $p < 0.01$ ). And the intervention increased the total score of marital adjustment and decreased marital burnout. Therefore, the use of acceptance and commitment therapy as an effective approach and effective intervention in increasing marital adjustment in women and as a solution to reduce psychological, physical and emotional symptoms of burnout and in other words reduce the overall burnout.

**Keywords:** *Acceptance and commitment-based therapy, marital adjustment, marital burnout.*

### Cite this article as:

Aghili, S. M., & Mottaghizadeh, S. (2022). The effectiveness of acceptance and commitment-based therapy on marital adjustment and burnout in women. *JPW*, 3(4): 63-73.



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## Introduction

The family is the most important unit of society, and marriage is the primary core of creating and expanding the family relationship. Marital satisfaction is an important factor affecting the family in general (Martin et al., 2019). Research has shown that several factors threaten couples' marital relations over time and cause the erosion of love and intimacy between spouses and as a result, their marital burnout (Idelkhani, Heydari, Davoudi, and Zare Bahramabadi, 2018). Marital burnout occurs due to a set of unrealistic expectations from the spouse and marriage combined with the stresses, realities, and vicissitudes of life (Asadpour, Vesey, 2018). Kang & Sellers (2019) believe that marital burnout is a state of physical, mental and emotional fatigue resulting from long-term mental and emotional conflicts. Marital burnout occurs between couples when they realize that, despite their efforts, they cannot correct the frustration, dissatisfaction and tensions between them (Haq Nasab & Pourfarukh, 2020). According to Ellis, the existence of unrealistic expectations and expectations that are inconsistent with the existing realities in various behavioral, sexual, economic, social and spiritual fields between spouses can lead to relationship confusion and dissatisfaction and marital burnout and finally divorce between them (Chopani, Sharifi and Ghamari, 2020). The recent research report of family experts shows that the prevalence of marital burnout in Iranian spouses is increasing and 0.50% of couples face burnout in their marriage (Habibollahzadeh, Shafizadeh and Qamari, 2020). In a study, Evans, Sithole and Shirindi (2018) found that economic problems and psychological challenges such as emotional divorce and marital burnout effectively

separate couples. This is although if the life together of a distressed husband and wife does not lead to divorce, marital burnout causes a decrease in marital adjustment, their quality of life, and various risks such as extramarital relationships and family conflicts follow for families (Ireland, Clough, Gill and Langan, 2017).

Coping with life's changes and other challenges requires families to continually seek ways to invest in and engage with their important relationships to reaffirm the family's fundamental intimacy over and over again (Weibe & Johnson, 2017). Families that struggle to maintain these relationships or lack the facilities and ability to maintain these bonds suffer from marital maladjustment (Akhavan Gholami & Hayati, 2018). Marital adjustment is a process in which there is a general feeling of satisfaction and happiness in the couple toward their marriage and towards each other. Being a wife is a unique role for a person to the extent that the most intimate interactions happen with a spouse (Kirimu & Esmaili, 2020). Studies show that marital adjustment helps a person's overall adjustment. It means that spouses with high adjustment have more self-esteem and are more compatible in social relations. Marital adjustment results from the marital process and includes factors such as expressing affection and love of spouses, mutual respect, sexual relations, the similarity of attitude, and how to communicate and solve problems (Baboodi, Rostami, and Jangho, 2020). Adjustment between couples allows them to avoid conflicts or solve them in appropriate ways so that both feel satisfied with their marriage and relationship (Humbad et al., 2019). Marital adjustment has the following four main components: Dyadic agreement, dyadic solidarity,

affective expression and dyadic satisfaction (Patterson, Rhodes, Stanley, & Markman, 2014).

Various approaches have been used to reduce burnout and improve marital adjustment, but until now they have yet to be very effective or have had a temporary and short-term effect due to the lack of effect on burnout components (Habibollahzadeh et al., 2020). Treatment based on acceptance and commitment is one of the treatments that focuses on increasing psychological flexibility. Moreover, this approach aims to create psychological flexibility. That is, the ability to make a practical choice among different options that are more suitable (Akhavan Gholami & Hayati, 2019). ACT uses six main processes: acceptance, cognitive dissonance, connection with the present, self as context (mindfulness), values, and committed action for cognitive flexibility (Hosmane, Luoma, Bond, 2015). This therapy teaches people to live in the present moment and cope better with everyday challenges by accepting their feelings and refraining from experiential avoidance (Smoot, Longo, Harrison, 2018). Regarding the reason for using act therapy, it can be said that this therapy moves from inflexibility to psychological flexibility. On the other hand, in an atmosphere caused by self-rejection and internal experiences caused by interaction with other human beings, which is associated with difficulty in flexibility, a person cannot create committed behavior and action for a valuable life (Asadpour & Veisi, 2018). Asadpour and Veisi's (2018) research results showed that act therapy was an effective psychological intervention on marital satisfaction, sexual self-esteem, and marital burnout of women. Mahdavi et al. (2018) showed that therapy based on acceptance and commitment

reduced stress and increased marital satisfaction. The research results of Omid and Talighi (2018) also showed that the act therapy method had increased marital satisfaction and quality of life.

Considering the research results and the little history of therapy based on acceptance and commitment in the family field, there is room for further research to investigate the effectiveness of this approach in the family field. On the other hand, the literature review shows the colorful role of burnout in marital adjustment. Therefore, family planners and counselors must find an effective method to improve marital adjustment. If proper and effective solutions are not considered for couples' problems, these issues and maladjustments can lead to a family breakup and divorce. According to the contents mentioned in this research, the researcher sought to answer whether the therapy based on acceptance and commitment significantly affects marital adjustment and burnout in women.

### **Method**

The research method is quasi-experimental using a pre-test-post-test design with a control group. The independent variable is presented through the Acceptance and Commitment Therapy training package. The required data is also collected through marital adjustment and marital burnout questionnaires. The research population was all women with marital maladjustment and burnout referred to the welfare counseling center of the 9th district of Mashhad in the fall of 2020. In this research, the sampling method was available and the replacement of participants in the control and experimental groups was random. This way, 30 women with the necessary conditions were selected and randomly placed in two groups of 15 people, test and control. Of these, 53.3% of

the couples lived together for less than 2 years and 33.3% were between 2 and 5 years. Also, in the experimental group, the life expectancy of 46.7% of couples is less than 2 years, and 33.3% is between 2 and 5 years. In total, 50% of the sample had fewer than 2 years of life expectancy.

### **Materials**

#### **Pines marital burnout questionnaire.**

Marital burnout questionnaire was prepared by Pines (Pines, 2002). This questionnaire contains 20 questions that indicate marital burnout and has three components: physical burnout, emotional burnout, and psychological burnout. All items are answered on a seven-point scale ranging from never to always. This questionnaire has 20 items, which includes the following 3 main components. physical fatigue (for example, feeling tired, lethargic and having sleep disorders); emotional collapse (feeling depressed, hopeless, trapped); Psychological collapse (such as feelings of worthlessness, frustration and anger towards the spouse). All these items are answered on a seven-point scale. Level 1 represents lack of experience with the target phrase and level 7 represents a lot of experience with the target phrase. Its response range is of Likert type, which is never 1 point and always 7 points. It should be noted that larger numbers indicate higher burnout and vice versa. Translated versions of this questionnaire have been successfully used in cross-cultural studies in Norway, Hungary, Spain (Pines, 2002). Also, the reliability coefficient using Cronbach's alpha method has been reported as 88% (Kiani, Asadi, and Esmaili, 2017). Cronbach's alpha coefficient of the whole questionnaire in this research was 0.83.

**Spainer's Marital Adjustment Questionnaire.** This scale is a 32-question tool prepared by Spainer (1976) to evaluate

the quality of the marital relationship in terms of the wife or husband or both people who live together. This scale has four dimensions of marital satisfaction, marital solidarity, marital agreement, and expression of affection. The total score of this scale is from 0 to 150. Spainer (1976) obtained 96% reliability of Cronbach's alpha method for the total score of this scale. The internal consistency of the subscales of marital satisfaction is 94%, marital harmony is 71%, marital agreement is 90%, and expression of affection is 73%. In order to determine the reliability coefficient, Haj Abolzadeh (2002) carried out the test method with a time interval of one week on a sample consisting of 1 couple. The correlation coefficient between men's and women's scores during two implementations was 81% in total score, 68% in marital satisfaction scale, 81% in marital solidarity, 77% in marital agreement, and 78% in expression of affection. Cronbach's alpha coefficient of the whole questionnaire in this research was 0.77.

### **Implementation**

The implementation method was as follows: first, the offices and counseling centers related to the welfare of the 9th district of Mashhad city were referred to. After informing through the installation of posters and the virtual space of the counseling center and the necessary investigations for the implementation of the research, the marital burnout and marital adjustment questionnaires were administered to 50 people who came to the counseling center to solve their marital problems with their spouses. Then, among people whose marital adjustment and burnout were higher based on the cut-off point, 30 samples were selected them. The criteria for entering the research include being at least 20 and at most 50 years old, having at least a high school diploma,

having been married for at least one year, and having burnout and marital maladjustment. The criteria for exiting the research include having mental disorders, taking neuropsychiatric drugs, taking other psychological treatments simultaneously, and missing more than two sessions. The experimental group members were subjected to the interventions of treatment sessions based on acceptance and commitment, which were 8 ninety-minute sessions per week, and the control group did not receive any intervention during this period. At the end of the sessions, both groups took a post-test. Also, to comply with the research's ethics,

the members were assured that their information would remain completely confidential and that they could participate in the meetings with pseudonyms. In order to analyze the data, descriptive statistics (central tendency and dispersion indices) and inferential statistics (multivariate covariance analysis) were used by SPSS 22 statistical software.

The treatment protocol is based on acceptance and commitment in the form of 8 sessions. The content, goals and homework are summarized in Table 1 (Akhavan Gholami and Hayati, 2019).

**Table 1: Content of acceptance and commitment therapy**

Session	Content	Assignments
1	Getting to know the group members and performing the pre-test, discussing the behavioral limits and explaining the rules and regulations governing counseling sessions, the informed consent of the group members to carry out the treatment process.	Finding past dysfunctional systems
2	Getting to know the concepts of Acceptance and Commitment Therapy (ACT) including psychological flexibility, psychological acceptance, psychological awareness, cognitive dissociation, self-image, personal story, clarifying values and committed action.	Negative notes and lists and ineffective control of thoughts and feelings.
3	Creative helplessness, examining the inner and outer world and realizing that control is the problem, not the solution.	Diary of experience, diary of desire, diary of pure and impure unhappiness of creative frustration.
4	Identifying values and clarifying values, actions and barriers.	Practicing mindfulness and listing personal values.
5	Showing the importance of values and understanding to people, how values and	Identifying values using metaphors.

	understanding make their "willingness/acceptance" valuable.	
6	Investigation of fusion and faulting.	Doing exercises to break it down using metaphors
7	Explaining the concepts of role and context, observing oneself as a platform and emphasizing the present.	Being in the present.
8	Evaluation of committed action. Summary and conclusion, post-test implementation	Identifying behavioral plans in accordance with values and being committed to values.

**Findings**

Analysis of covariance test was used to analyze the research data. The average age of the experimental group was 35, and the control group was 34. The education of the participants was 53% bachelor's and 47% diploma. The experimental group had an

average of 3 children, and the control group had two children. Table 2 shows that the mean and standard deviation of the scores of the two experimental and control groups are different in the variables of marital adjustment and marital burnout in the pre-test and post-test.

**Table 2. Mean and standard deviation of marital adjustment and burnout index before and after treatment in two control and experimental groups**

Variable	Stage	N	Control		Exp.	
			Mean	Standard deviation	Mean	Standard deviation
Marital Adjustment	Pre-test	15	2/777	1/202	2/856	1/053
	Post-test	15	3/019	1/244	3/896	0/994
Marital burnout	Pre-test	15	0/780	1/004	3/077	1/054
	Post-test	15	3/558	1/009	1/379	1/064

As can be seen in Table 2, the mean and standard deviation of burnout and marital adjustment are seen in the experimental group.

distribution was checked. As shown by Kolmogorov-Smirnov and Levene's test, the assumption of homogeneity of variances was accepted.

Before performing multivariate covariance analysis, the assumption of normality of data

**Table 3. Kolmogorov-Smirnov test results**

Index	Stage	Control		Exp.	
		Statistics	Sig.	Statistics	Sig.
Defensive styles	Pre-test	0/171	0/200	0/134	0/200
	Post-test	0/138	0/200	0/192	0/141
Conflict resolution styles	Pre-test	0/126	0/200	0/167	0/200
	Post-test	0/123	0/200	0/189	0/153

Considering that the probability value of the Kolmogorov-Smirnov test is greater than 0.05, as a result, the distribution of marital

adjustment indicators and the reduction of marital burnout in both groups and both time

periods under investigation are normal at the error level of one percent ( $p > 0.01$ ).

Table 4. Levene's test results

Variable	F	Df1	Df2	Sig
Marital adjustment	0/840	1	28	0/367
Marital burnout	1/312	1	28	0/262

Considering that the probability value of Levene's test is more than 0.05, therefore, the distribution of marital adjustment indices and reduction of marital burnout in both groups and both periods under investigation

are normal at the error level of one percent ( $p > 0.01$ ). As a result, the assumption of homogeneity of variance is also maintained for covariance analysis.

Table 5. MANCOVA results

Variable	Source	Sum of squares	Df	Mean square	F	Sig.	Effect size
Dyadic agreement	Pre-test	203/98	1	203/98	280/7	0/000	0/912
	Group	67/54	1	67/54	92/95	0/000	0/775
Marital Satisfaction	Pre-test	65/52	1	65/52	63/6	0/000	0/7
	Group	71/14	1	71/14	69/06	0/000	0/72
Dyadic correlation	Pre-test	31/746	1	31/746	66/56	0/000	0/7
	Group	14/93	1	14/93	57/4	0/000	0/68
Expression of love	Pre-test	28/476	1	28/476	59/8	0/000	0/69
	Group	16/89	1	16/89	35/46	0/000	0/57
Marital adjustment	Pre-test	34/816	1	34/816	1355/188	0/001	0/870
	Group	4/771	1	4/771	185/695	0/001	0/873
Marital burnout	Pre-test	29/495	1	29/495	1325/311	0/001	0/880
	Group	14/553	1	14/553	653/894	0/001	0/870

According to the above table, the results of covariance analysis indicate that by controlling the effect of pre-test in both experimental and control groups, the effect of treatment based on acceptance and commitment on the post-test score of subscales of marital adjustment and the total score of marital burnout is significant. ( $p > 0.05$ ). Also, according to the effect of the

intervention variable in the dimensions of couple agreement (0.775), marital satisfaction (0.72), couple solidarity (0.68), expression of affection (0.57), and marital burnout (0.870), the hypotheses of the research have been confirmed.

### Discussion

This research aimed to determine the effectiveness of the therapy based on

acceptance and commitment to marital adjustment and burnout in women. The research results showed that the treatment based on acceptance and commitment significantly affected the research variables. The results of this research are in line with the findings of Shokri et al. (2020), Akhavan Gholami and Hayati (2019), Asadpour and Veisi (2018), and Evans et al.

In explaining these results, treatment based on acceptance and commitment allows clients to accept them instead of avoiding sufferings, emotions and disturbing thoughts or control. Then, through cognitive diffusion exercises, he teaches clients to consider thoughts only as thoughts, nothing more, and a basis for the outside world, on which they need to act. As a result, when the clients believed that it was just a thought that my wife should read my mind without me talking to her, not something that exists in the real world, so this dysfunctional belief was reduced in them (Mahdavi et al., 2018). The goal of treatment is based on acceptance and commitment to create a rich and meaningful life because this therapy is about taking effective action that is guided by the deepest values while being fully prepared and committed. Hoffman and Esmond (2008) believe that the acceptance and commitment approach encourages couples to connect with their true values and be attracted to them. In explaining these results, it can be said that when incompatible women, their dysfunctional communication beliefs were reduced, they began to see more clearly the importance of relationships in their lives, and the process of identifying values was facilitated for them. They were able to give space to their spouses for interaction with their openness and non-judgmental methods, and take steps towards reaching values. Also, they were able to enjoy the present moment

with all their emotional and value capacities, with actions that are efficient and in line with their deep heart desires (values), to achieve more adjustment of their spouse with themselves. Since maladjusted women have many distortions and dysfunctional beliefs, the activation of these thoughts causes the intensification of conflicts and unpleasant feelings. Approaching unwanted internal thoughts and feelings and the physical states associated with these dynamics teaches communication patterns (Peterson et al., 2009). Therefore, teaching methods of dealing in these situations and having a different method has been very helpful. In this treatment, the purpose of emphasizing the tendency of maladjusted women to internal experiences was to help them to experience their disturbing thoughts and beliefs only as a thought. Also, they should be aware of their inefficient nature and instead of focusing on it, they should focus on what is important to them in life, and to achieve this, disfusion exercises, mindfulness, identifying and acting on values were used. In general, the reason for the change in beliefs can be seen as the increase in psychological flexibility, which is the result of a set of acceptance and commitment processes.

Many couples start their married life with highly intimate relationships, but these intimate relationships gradually become problematic with time. Ellis suggests that those at the beginning of marriage are less likely to think that one day their love may fade, and this is when burnout begins (Davarnia, Zaharakar, and Nazari, 2015). So these pieces of training are related to inner experiences, mindfulness, acceptance, and contact with the present time, which can help people establish a good, two-way, and efficient marital relationship that is in the



direction of their growth and prosperity. In addition, it can reduce the creation or continuation of destructive and negative feelings during the marital relationship. Also, these training pieces help couples resolve conflicts and solve marital problems, avoid relationships that lead to failure, reducing disappointment, anger, feelings of worthlessness, depression, and failure. It can also help to increase the sense of empathy and better understanding of the needs and desires of the spouse, increase the desire to continue the marital relationship and ultimately reduce loneliness and frustrations. During recent decades, a series of studies indicate an increase in mental, physical and physical pressure in people's lives. A phenomenon called stress and its final form is burnout (Habibollahzadeh et al., 2020). Acceptance-based behavior therapy does not directly target anxiety and worry. Nevertheless, the subjects showed that this improvement is due to the creation of acceptance, non-experiential avoidance, increased mindfulness, reduced judgment and evaluative thinking, which are emphasized in the therapeutic protocol of this treatment. Acceptance-based models believe that a certain form of quality of consciousness leads to the patient's suffering, and against that, changing the quality of consciousness can save him from the disease. According to these models, we are often "stuck" in our inner experiences, and it seems that this is partly due to perception beyond reality and partly to judging our inner experiences and hating these experiences. Thus, instead of experiencing anger, we become angry, hate anger, and wish anger away from us. Instead of experiencing fearful responses, we describe ourselves as fearful people. On the contrary, these responses trap us more in our emotions, and

we try harder to avoid them. In addition, we evaluate ourselves based on our experiences, and we hate our inner experiences and ourselves (Zarger et al., 2012).

As a result of these pieces of training, the women learned that the requirement for creating and maintaining healthy marital relationships and increasing intimacy between them is that the parties value each other's interests and needs. In addition, they should pay attention to the needs and wishes of their spouses in their relationships and decisions. In other words, putting yourself in the position of the other party, accepting responsibility, and recognizing mutual expectations is the first step in improving the intimacy between couples and marital relations. Therefore, the approach of education based on commitment and acceptance can help them get the necessary training to improve the situation, resolve marital disputes, increase commitment, and maintain intimacy even in the case of negative and ineffective thoughts due to differences and committed actions to maintain the relationship. In general, it can be concluded from the summary of the mentioned materials that this treatment method effectively reduces the marital burnout rate of married women. Finally, it can be used as a solution to reduce the psychological, physical and emotional symptoms of burnout, in other words, to reduce overall burnout.

In this research, the researcher faced some limitations that must be considered with caution in generalizing the results. Among these limitations are the research population's small size and the lack of follow-up sessions. Other aspects of marital relations, such as communication with children and extramarital relations, should be considered in future research, and the

effectiveness of the approach based on acceptance and commitment should be evaluated. According to the effectiveness and success of this research, therapy based on acceptance and commitment should be taught in counseling centers as a therapeutic and educational approach to premarital couples and premarital counseling.

### **Ethics**

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

### **Acknowledgement**

The cooperation of all participants in the research is thanked and appreciated.

### **Conflict of Interest**

According to the authors, this article has no financial sponsor or conflict of interest.

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