






Effectiveness of Acceptance and Commitment Therapy on Family Functioning and Inefficient Attitudes of Women in Second Marriages

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Article Info

Article type:

Original Research

How to cite this article:

Uosof Taleshi, Z., AkbarZadeh, N., Rahimi, A., Razghandi, S., & Abasian Soraki, P. (2023). Effectiveness of Acceptance and Commitment Therapy on Family Functioning and Inefficient Attitudes of Women in Second Marriages. *Psychology of Woman Journal*, 4(4), 76-83.

<http://dx.doi.org/10.61838/kman.pwj.4.4.9>



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ABSTRACT

Objective: The present study aims to determine the effectiveness of Acceptance and Commitment Therapy (ACT) on family functioning and inefficient attitudes of women in second marriages.

Methods and Materials: The research method was a quasi-experimental pre-test and post-test with a control group. The study population consisted of women who were in their second marriage and had sought counseling services in Tehran in 2023. From this population, 30 individuals were selected using convenience sampling and randomly assigned into two groups: an experimental group of 15 and a control group of 15. The instruments used for data collection were questionnaires on family functioning and inefficient attitudes. Participants in the experimental group received ACT for 8 weeks, with one 90-minute session per week, while the control group did not receive any specific intervention.

Findings: Findings indicated that the mean scores of family functioning and inefficient attitudes in the post-test were significantly improved in the experimental group compared to the pre-test.

Conclusion: Therefore, Acceptance and Commitment Therapy has an impact on family functioning and the inefficient attitudes of women in second marriages.

Keywords: *Acceptance and Commitment Therapy, family functioning, inefficient attitudes, women in second marriages.*

1. Introduction

Achieving a healthy society depends on the health of its smallest unit, namely the family; and family health, in turn, depends on its members' well-being and satisfaction with their relationships with each other. Forming a family is a natural and innate reality for humans, occurring between men and women through the act of marriage. Marriage is a common and significant tradition in most societies and cultures, based on the formation and shaping of a relationship between two individuals and ultimately creating a system known as the family (Janbozorgi et al., 2020; Shadanloo et al., 2023).

Marriage is one of the most critical decisions in an individual's life, having profound effects on personal life, family, and even society. Studies indicate that more than 80% of individuals who divorce remarry (Raley & Sweeney, 2020). While a satisfying marriage is considered an essential factor for societal mental health, if marriage and family life do not create favorable conditions for meeting the psychological needs of the spouses, not only is mental health not achieved, but it can also lead to negative and sometimes irreversible effects. Recent data show that more than 43% of couples face divorce within the first 15 years of marriage, and the likelihood of failure increases in subsequent marriages (Bramlett & Mosher, 2002). Couples' issues account for nearly half of all consultations in psychotherapeutic centers. Various factors threaten marital relationships over time, leading to the erosion of love and intimacy between spouses, resulting in disillusionment, regardless of the marriage's duration (Jalalvand et al., 2023). Generally, the inability to tolerate opposing opinions or tastes can have consequences beyond simple and transient arguments, creating a set of disordered behavioral patterns between husband and wife, leading to communication problems and conflict.

The family is considered one of the main pillars of society, and achieving a healthy society is clearly contingent upon having healthy families, which in turn depends on the mental health of its members and their having satisfactory relationships with one another (Ghasemi et al., 2022). Families are unique social units whose membership is based on biological, legal, emotional, geographical, and historical bonds. Family formation employs various interaction patterns over time. These patterns shape the family structure, define the roles of family members, specify the behavior of each member, and facilitate communication among them. From a functional perspective, socialization and

acquaintance with the laws, roles, and cultural values naturally occur within the family. Family functions may vary, but the primary function of the family is to meet the individual needs of its members. The concept of family evokes different notions for different people. For some, it recalls warm and supportive thoughts, communal dinners filled with conversation, holidays bursting with laughter, and comforting hugs, while for others, it revives painful memories. The family distinguishes between normative and non-normative individuals, embodying a set of values (Abela & Skitch, 2007; Amato & Rogers, 1997; Najafi et al., 2021). Many therapists believe that couples usually go through regular cycles of closeness and separation to adjust their needs for intimacy and independence within their marital relationship (Chan & Tan, 2019).

Research shows that one of the effective factors in the emergence of conflicts and incompatibilities in couples' lives is the dysfunctional patterns and attitudes between spouses (Holley et al., 2018). According to Beck's theory, dysfunctional attitudes are rigid and perfectionistic standards that individuals use to judge themselves and others. Since these attitudes are inflexible, extreme, and resistant to change, they are considered dysfunctional (Liu et al., 2017). Dysfunctional attitudes are directional beliefs and mental constructs that individuals have about themselves, others, the world, and the future (Abela & Skitch, 2007). Attitudes are reflected in what an individual says and hears, influencing their perceptions of the world around them. Dysfunctional attitudes are a factor for a lack of deep attention to personal strengths and weaknesses and personality factors affecting marital life success, leading to a belief in the permanence of marital life problems and the lack of suitable and constructive solutions (Goolmohamadiyan et al., 2016; Mardani & Ahmadi, 2019; Noroozi Mehmandoost & Gholami Heydarabadi, 2019).

Acceptance and Commitment Therapy (ACT) is rooted in a philosophical theory known as functional contextualism and is based on a research program about language and cognition called Relational Frame Theory. ACT comprises six core processes that lead to psychological flexibility. These six processes are acceptance, cognitive defusion, self-as-context, being present, values, and committed action (Hayes et al., 2013). ACT is based on the premise that the primary issue most clients face is experiential avoidance, which refers to an individual's avoidance of thoughts, feelings, sensations, and other private events. In ACT, the effort to control private experiences is considered a problem rather than a solution; because rather than being helpful, it

creates more issues. Therefore, the main goal of Acceptance and Commitment Therapy is to create psychological flexibility (Mosko, 2009; Rowland, 2010). The ultimate goal of acceptance and commitment is to enhance psychological flexibility. Ultimately, acceptance and commitment increase psychological flexibility and examine problem-causing languages and cognitions. In contrast to more traditional forms of cognitive-behavioral therapy, in Acceptance and Commitment Therapy, clients are not forced to change their thoughts and feelings. Instead, the aim is to help them change their responses to their thoughts and feelings (Bagheri et al., 2017; Rostami et al., 2016; Saadati et al., 2021).

Therefore, based on the discussed points, this research seeks to answer the question of whether Acceptance and Commitment Therapy has an effect on family functioning and dysfunctional attitudes of women in their second marriage.

2. Methods and Materials

2.1. Study Design and Participants

The current research method is quasi-experimental with a pre-test and post-test with a control group. The study population consisted of women who were in their second marriage and had sought counseling services in Tehran in 2023. From this population, 30 individuals were selected using convenience sampling and were randomly assigned into two groups: an experimental group of 15 and a control group of 15. The instruments used for data collection were questionnaires on family functioning and dysfunctional attitudes. Participants in the experimental group received ACT for 8 weeks, with one 90-minute session per week, while the control group did not receive any specific intervention.

2.2. Measures

2.2.1. Family Functioning

This questionnaire was developed by Epstein, Baldwin, and Bishop in 1950 and is designed to measure family functioning based on the McMaster model, comprising 53 questions. This model defines the structural, occupational, and interactive characteristics of the family. For this questionnaire, the English version of the FAD-53 was matched with the Persian version of the Family Assessment Measure - 60 items translated by Baqer Sanaei. Subscales of this questionnaire include problem-solving, communication,

roles, emotional involvement, emotional responsiveness, behavior control, and overall family functioning. Higher scores indicate higher levels of family functioning. Concurrent validity of the questionnaire was established with the 60-item Family Functioning questionnaire. Cronbach's alpha coefficients for the overall scale and the subscales of problem-solving, communication, roles, emotional involvement, emotional responsiveness, behavior control, and overall performance in the study by Sanaei and Amini (2000) were reported as .92, .61, .38, .72, .64, .65, .61, and .81 respectively (Epstein et al., 1983; Firoozeh et al., 2021; Ghafoori & Haghayegh, 2021).

2.2.2. Dysfunctional Attitude Scale

This questionnaire was developed by Weissman and Beck (1978) based on Beck's theory regarding the cognitive content structure in depression. The scale consists of four subscales: success-perfectionism, need for approval, need to please others, and vulnerability-performance evaluation, scored on a 7-point Likert scale (strongly agree=7, very much agree=6, somewhat agree=5, neutral=4, somewhat disagree=3, very much disagree=2, and strongly disagree=1). The possible score ranges from a minimum of 26 to a maximum of 182. A score between 26 and 52 indicates a low level of dysfunctional attitudes, a score between 52 and 130 indicates a moderate level of dysfunctional attitudes, and a score above 130 indicates a high level of dysfunctional attitudes. Given the role of the Dysfunctional Attitude Scale in predicting cognitive vulnerability and mood and anxiety disorders, concurrent criterion validity of the DAS-26 was determined through its correlation with total and subscale scores of the GHQ-28 and diagnoses made by psychiatrists. The correlation between the DAS-26 and predictive criteria is significant at the .99 confidence level. These results are supported by findings from Chicota and Stiles (2004), which showed a correlation between DAS scores and BDI-II ($r=.47$) and ATQ ($r=.47$), as well as findings from Oliver and colleagues (2007), which showed a correlation between DAS scores and structured interviews ($r=.41$), Cognitive Style Questionnaire ($r=.51$), BDI ($r=.39$), and also supported the ability of the DAS in predicting the likelihood of developing mood and anxiety disorders (OR=12.020) (Abela & Skitch, 2007; Noroozi Mehmandoust & Gholami Heydarabadi, 2019).

2.3. Interventions

2.3.1. ACT

The intervention protocol for this study, centered around ACT for women in their second marriage, was designed to enhance family functioning and reduce dysfunctional attitudes over an 8-week period. Each session was structured to last 90 minutes, focusing on various core aspects of ACT (Hayes et al., 2013; Rostami et al., 2016; Saadati et al., 2021).

Session 1: Introduction to ACT

The first session introduced participants to the fundamental principles of ACT, including its goal of increasing psychological flexibility. Participants were introduced to mindfulness as a way of becoming more aware of their thoughts, feelings, and bodily sensations in the present moment without judgment. The session included basic mindfulness exercises, such as mindful breathing, to help participants practice observing their experiences without trying to change them.

Session 2: Cognitive Defusion Techniques

This session focused on cognitive defusion techniques to help participants learn how to reduce the literal impact of their thoughts, particularly those that contribute to dysfunctional family dynamics and self-perception. Through various exercises, such as observing thoughts as they pass through the mind like leaves on a stream, participants practiced stepping back from their thoughts to see them as just words or images, not facts.

Session 3: Acceptance of Unwanted Private Experiences

Participants explored the concept of acceptance, learning to open up and make room for unpleasant feelings, urges, and sensations instead of fighting them. The session included experiential exercises, such as the physical posture of openness and willingness, to help participants practice accepting their experiences as they are.

Session 4: Self-as-Context

The fourth session introduced the concept of self-as-context, helping participants understand the 'observing self'—a perspective from which they could observe their thoughts and feelings without becoming entangled in them. Activities included visualization exercises to help participants experience themselves as separate from their thoughts and emotions, providing a stable sense of self.

Session 5: Values Clarification

In this session, participants engaged in exercises to clarify their personal values, particularly regarding family life and personal well-being. Through guided discussions and

reflective exercises, participants identified what was most important to them in their relationships and personal growth, setting the stage for committed action.

Session 6: Committed Action

Building on the previous session's work on values, session six focused on committed action. Participants developed specific, measurable, achievable, relevant, and time-bound (SMART) goals aligned with their values. The session included problem-solving strategies and planning for potential obstacles, emphasizing actions that enhance family functioning and personal well-being.

Session 7: Handling Obstacles

This session was dedicated to identifying potential obstacles to implementing committed actions and practicing flexibility in the face of life's challenges. Participants learned strategies for dealing with setbacks, including revisiting acceptance and defusion techniques, to maintain progress toward their values-driven goals.

Session 8: Review and Closure

The final session served as a review of the skills and concepts learned throughout the program. Participants shared their experiences of applying ACT principles in their lives, discussed progress toward their goals, and planned for the continuation of practices learned. The session closed with a mindfulness exercise, emphasizing ongoing practice for sustained well-being and family functioning improvements.

2.4. Data analysis

Data were analyzed using analysis of covariance (ANCOVA) and SPSS software version 20.

3. Findings and Results

The study included a total of 30 participants, all women who were in their second marriage and had sought counseling services in Tehran. The participants were evenly divided into two groups: the experimental group (n=15) and the control group (n=15), representing 50% of the total population each. The age range of the participants was between 25 and 45 years, with a mean age of 35 years. Regarding educational background, 40% (n=12) of the participants held a university degree, while 60% (n=18) had completed high school education. The distribution of participants by employment status was as follows: 20% (n=6) were employed full-time, 30% (n=9) were part-time employees, and the remaining 50% (n=15) were not employed at the time of the study.

Table 1*Mean and Standard Deviation of Pre-test and Post-test Scores for Family Functioning and Dysfunctional Attitudes*

Variables	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Family Functioning	Control	108.74	10.23	106.68	10.41
	Experimental	103.51	10.78	119.45	12.53
Dysfunctional Attitudes	Control	79.37	8.53	77.35	8.37
	Experimental	76.57	8.41	61.86	7.96

Table 1 data show that the average score of family functioning and dysfunctional attitudes in the post-test of the experimental group is different from the pre-test.

Before conducting the primary analysis, several statistical assumptions were rigorously checked and confirmed to ensure the validity of the findings. The assumption of normality was verified using the Shapiro-Wilk test, where the p-values for both the family functioning and dysfunctional attitudes variables were greater than 0.05, indicating a normal distribution of scores ($p=0.074$ for family functioning and $p=0.082$ for dysfunctional attitudes). The assumption of homogeneity of variances was confirmed through Levene's Test, which showed no significant difference in variances between the experimental and control

groups for both outcome variables ($p=0.093$ for family functioning and $p=0.087$ for dysfunctional attitudes). Additionally, the assumption of sphericity, applicable to the repeated measures ANOVA, was assessed using Mauchly's test and was found to be non-significant ($p=0.065$), indicating that this assumption was met. Furthermore, the assumption of independence of observations was assured by the study design, where each participant was randomly assigned to one of the two groups, ensuring no overlaps in data points. These checks confirmed that the data met the necessary assumptions for the subsequent analyses, allowing for reliable and valid conclusions to be drawn from the study results.

Table 2*Analysis of Covariance (ANCOVA) Results for the Effect of ACT on Family Functioning*

Source	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance Level	Power
Pre-test	10.854	1	10.854	0.041	0.712	0.061
Group	621.453	1	621.453	5.369	0.049	0.567
Error	3258.715	27	112.369			
Total	4108.697	29				

As observed in Table 2, ACT significantly affects family functioning in terms of the difference between groups (control and experimental) after adjusting the means of the two groups based on the pre-test score. Therefore, it can be concluded that ACT has an impact on the family functioning of women in second marriages. Observation of the means of

the two groups (Table 1) indicates that the scores of the participants in the experimental group in the post-test have increased compared to the control group. Hence, it can be concluded that ACT has improved family functioning in women in second marriages.

Table 3*Analysis of Covariance (ANCOVA) Results for the Effect of ACT on Dysfunctional Attitudes*

Source	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance Level	Power
Pre-test	8.298	1	8.298	0.051	0.689	0.066
Group	412.731	1	412.731	6.358	0.056	0.598
Error	1286.256	27	47.639			
Total	2678.786	29				

As seen in Table 3, ACT significantly affects dysfunctional attitudes in terms of the difference between

groups (control and experimental) after adjusting the means of the two groups based on the pre-test score. Therefore, it

can be concluded that ACT has an impact on the dysfunctional attitudes of women in second marriages. Observation of the means of the two groups (Table 1) shows that the scores of the participants in the experimental group in the post-test have decreased compared to the control group. Thus, it can be concluded that ACT has effectively addressed dysfunctional attitudes in women in second marriages.

4. Discussion and Conclusion

The findings indicated that the average scores for family functioning in the post-test were significantly different from the pre-test in the experimental group. Therefore, ACT has an effect on the family functioning of women in second marriages. The research results are consistent with the findings of previous studies (Bagheri et al., 2017; Hayes et al., 2013; Noroozi Mehmandoost & Gholami Heydarabadi, 2019; Rostami et al., 2016; Rowland, 2010; Saadati et al., 2021).

In the process of acceptance and treatment, it is within the content of ACT programs that an individual fully accepts mental experiences and perceptions without any internal or external reaction to eliminate them, thereby increasing psychological awareness and focusing on normalizing incorrect thought patterns. This acceptance and commitment lead to planning and ending cycles of incorrect thinking about oneself and teach individuals to regulate their negative thoughts about self-deprecation. In summary, ACT aims to teach people to experience their thoughts and feelings; instead of trying to stop them, individuals are encouraged to work towards their goals and values and experience their thoughts and feelings. The component of roles in family functioning refers to the repetitive behavior patterns of family members. When family members fulfill their familial responsibilities and duties, better interactions occur, preventing confusion among members and, therefore, increasing their satisfaction and happiness. Indeed, the clearer a family is in role transparency and communication, the less likely misunderstandings within the family are, and family members will have more pleasurable interactions, which in turn can lead to increased happiness. In such a family, all members are relatively resistant and immune to life's stresses and experience greater happiness.

The findings showed that the average scores for dysfunctional attitudes in the post-test were significantly different from the pre-test in the experimental group. Therefore, ACT has an effect on the dysfunctional attitudes

of women in second marriages. The research results are in line with the previous findings (Gibson Watt et al., 2023; Kaviani et al., 2020; Noroozi Mehmandoost & Gholami Heydarabadi, 2019).

ACT combines mindfulness and awareness meditation, where mental representation of objects in life that are beyond human control is taught through breathing and thought, thereby improving well-being, psychosocial adaptation, and ultimately enhancing the quality of life and distancing from emotion-driven harmful behaviors among couples. In this treatment, individuals learn to accept their feelings rather than distancing from them, and through mindfulness, they delve deeper into their thoughts and thought processes, linking them to goal-oriented activities. In summary, ACT strives to teach people to experience their thoughts and feelings; instead of trying to stop them, individuals are encouraged to work towards their goals and values and experience their thoughts and feelings. The research results indicated that the intervention based on ACT affected all dimensions of dysfunctional attitudes in couples, leading to a reduction in conflicts and frustration between them and an increase in their life satisfaction. Given the research population of women in second marriages, this contributes to improving dysfunctional attitudes among couples and the stability of marital life; as they enter second marriages with the same schemas and in most cases, it ends in separation again. Thus, ACT plays a significant role in preventing this social harm.

5. Limitations & Suggestions

This study, while contributing valuable insights into the effectiveness of ACT on family functioning and dysfunctional attitudes among women in their second marriage, has several limitations. The sample size was relatively small and confined to a specific demographic, limiting the generalizability of the findings to broader populations. The study also relied on self-reported measures, which may introduce bias or inaccuracies in reporting personal experiences and outcomes. Additionally, the lack of long-term follow-up restricts understanding of the sustained impact of the intervention over time. The control group did not receive an alternative form of intervention, which might have provided more comprehensive comparative insights into the effectiveness of ACT.

Future research should consider expanding the sample size and including a more diverse demographic to enhance the generalizability of the findings. Implementing a

randomized controlled trial design with a comparison group receiving an alternative treatment could provide more robust evidence of ACT's effectiveness. Incorporating objective measures alongside self-reported ones could also reduce potential biases and offer a more comprehensive assessment of the intervention's impact. Longitudinal studies with follow-up assessments would be valuable to evaluate the long-term effects of ACT on family functioning and dysfunctional attitudes. Exploring the mechanisms of change within ACT, such as the specific role of mindfulness and acceptance processes, could further elucidate how these interventions facilitate improvements.

The findings from this study have practical implications for mental health professionals working with women in second marriages, suggesting that ACT could be an effective therapeutic approach for improving family functioning and addressing dysfunctional attitudes. Therapists and counselors might consider incorporating ACT techniques, such as mindfulness and cognitive defusion, into their practice to support clients facing challenges in their marital and family relationships. Additionally, the study underscores the importance of tailored interventions that address the unique needs and experiences of individuals in second marriages. Mental health services could benefit from developing specialized programs that focus on the specific dynamics and challenges faced by this population, promoting resilience and well-being in family settings.

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Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors contributed equally to this article.

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