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The effectiveness of group therapy based on acceptance and commitment on marital intimacy dimensions of premenopausal women

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Abstract

This study aimed to determine the effectiveness of group therapy based on acceptance and commitment to the dimensions of marital intimacy in premenopausal women. The research method was a quasi-experimental study with an experimental and control group and a pre-test, post-test, and 2-month follow-up plan. The statistical population was 86 premenopausal women referred to health centers in the north of Tehran in 2018. After announcing the call and screening using Bagarozzi's Marital Intimacy Questionnaires (2001), 40 women were selected in an accessible way and were randomly replaced into two experimental (20 women) and control (20 women) groups. Hayes and Strosahl's (2010) acceptance and commitment treatment program was implemented for the experimental group for 8 sessions of 90 minutes once a week. Both groups responded to the research questionnaires in three stages, and the data were analyzed using mixed variance analysis with repeated measures. The results showed that the treatment based on acceptance and commitment significantly affects the following cases: On emotional intimacy ($F=3.89$, $P=0.046$), psychological intimacy ($F=7.72$, $P=0.008$), rational intimacy ($F=15.31$, $P=0.001$), intimacy sexual ($F=11.53$, $P=0.002$), physical intimacy ($F=7.87$, $P=0.008$), spiritual intimacy ($F=11.64$, $P=0.002$), aesthetic intimacy ($F=11.64$, $P=0.002$) and social-recreational intimacy ($F=14.75$, $P=0.001$). Also, this effect remained stable in the two-month follow-up phase. Since acceptance and commitment therapy leads to psychological flexibility and the individual's commitment to performing meaningful actions based on human values, it can be used as an effective intervention method to improve the dimensions of marital intimacy in premenopausal women.

Keywords: ACT, *Marital intimacy, premenopause.*

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Introduction

Improving mental health in each life period, including menopause and beyond, brings positive results for the family and society (Seeb, Anderson, Lee, & Humphreys, 2013). Menopause is a sensitive period that makes women face new problems and difficulties, and these problems can cause disruption in mental health (Eisainjad Jahormi and Dashtbozorgi, 2018).

Intimacy as a basic need requires awareness, deep understanding and acceptance. Intimacy also means closeness, similarity and a loving relationship with another (Yu, Bartel-Haring, Dai and Gangama, 2014). Intimacy in marital relationships is associated with emotional, emotional and social aspects that are formed on the basis of acceptance, satisfaction and love (Zarach, Anat, Solomon and Heroti, 2010). The problems of sexual relations and marital intimacy begin when couples are dissatisfied with the level of fulfillment of their wishes regarding a good marital relationship (Rostami et al., 2018). People with marital intimacy are able to express themselves in a more favorable way in marital relationships (John, Kim, Chang, Oh, Kang, & Kang, 2011). Therapeutic methods to improve sexual problems during perimenopause are divided into two categories: hormone therapy and complementary therapies (Eisainjad Jahormi, and Dashtbozorgi, 2018). One of the complementary treatment methods is acceptance and commitment therapy. Treatments based on acceptance and commitment are known as cognitive-behavioral treatments of the third wave, and in them, instead of changing cognitions, they try to increase a person's psychological connection with his thoughts and feelings (Hayes, Pistorello, and Levine, 2012). The goal of this therapy is to help clients achieve a more valuable and satisfying life by increasing psychological flexibility. It has six central processes that lead to psychological flexibility, which are: acceptance, cognitive dissonance, connection with the present, self as context,

values, and committed action (Hayes, Levin, Plomb, Boulanger, & Pistorello, 2011).

Acceptance and commitment therapy, unlike the traditional cognitive behavioral therapy approach, does not directly reduce symptoms, but instead targets the usefulness and functionality of psychological experiences such as thoughts, feelings, memories, and psychological feelings. Its underlying principles include: 1) accepting or willing to experience pain or other disturbing events without trying to control them; 2) value-based or commitment-based action combined with the desire to act as meaningful personal goals rather than the elimination of unwanted experiences. Similarly, language methods and cognitive processes interact with other nonverbal dependencies in ways that lead to healthy functioning (Hayes et al., 2012). This method includes exposure-based exercises, linguistic metaphors, and methods such as mindfulness (Hayes & Strosahl, 2010).

The present study was conducted with the aim of determining the effect of acceptance and commitment therapy on the dimensions of marital intimacy and sexual satisfaction in premenopausal women.

Method

The research method was a quasi-experimental study with an experimental and control group and a pre-test, post-test, and 2-month follow-up plan. The statistical population was 86 premenopausal women referred to health centers in the north of Tehran in 2018. After announcing the call and screening using Bagarozzi's Marital Intimacy Questionnaires (2001), 40 women were selected in an accessible way and were randomly replaced into two experimental (20 women) and control (20 women) groups. Hayes and Strosahl's (2010) acceptance and commitment treatment program was implemented for the experimental group for 8 sessions of 90 minutes once a week. Both

groups responded to the research questionnaires in three stages, and the data were analyzed using mixed variance analysis with repeated measures.

Materials

1. Marital intimacy questionnaire. This questionnaire was prepared and adjusted by Bagarozzi (2001). The questionnaire consists of 41 questions and the subjects are rated in a way, from 1, which means there is no such need at all, to 10, which means there is a great need; They respond to every need. A higher score indicates higher intimacy and a lower score means less intimacy. In the present study, Cronbach's alpha was obtained for the intimacy score of 0.71.

Acceptance and commitment therapy. In this research, the treatment package based on acceptance and commitment, based on the training of Dr. Esmat Danesh in the Iranian Psychological Association in 2015, was compiled and implemented for the experimental group in 8 sessions, each session lasting 90 minutes once a week as described in the table below.

Findings

In the experimental group, in the post-test stage after the treatment based on acceptance and commitment, the average score of the eight dimensions of marital intimacy is higher than the pre-test. These differences are not noticeable in the control group.

The Kolmogorov-Smirnov test indicates the establishment of the condition of normal distribution of scores and the result of Levin's test also indicates the establishment of the condition of homogeneity of variances in the research variables of sexual intimacy dimensions. Also, Mokhli's W statistic is significant for research variables. This finding shows that the variance of the differences between the levels of the dependent variable is significantly different;

Therefore, the assumption of sphericity is not met. In this situation, Geisser's epsilon greenhouse correction should be used. Therefore, in the following, this statistic was used to interpret the results of the within-subjects test.

The results showed that the treatment based on acceptance and commitment significantly affects the following cases: On emotional intimacy ($F=3.89$, $P=0.046$), psychological intimacy ($F=7.72$, $P=0.008$), rational intimacy ($F=15.31$, $P=0.001$), sexual intimacy ($F=11.53$, $P=0.002$), physical intimacy ($F=7.87$, $P=0.008$), spiritual intimacy ($F=11.64$, $P=0.002$), aesthetic intimacy ($F=11.64$, $P=0.002$) and social-recreational intimacy ($F=14.75$, $P=0.001$).

The results of the Benfrini test show that the difference in the mean scores of marital intimacy dimensions ($P=0.001$) between the pre-test, post-test and follow-up stages is significant; The average difference between post-test and follow-up in the dimensions of marital intimacy is not significant, which indicates that the results obtained in the follow-up phase did not return and the effect of the intervention was stable.

Discussion

Examining the results of this research shows that the average dimensions of marital intimacy of the test group increased in the post-test stage compared to the pre-test. Based on the results of treatment based on acceptance and commitment compared to the control group, it has increased the dimensions of marital intimacy in the post-test.

The goal of therapy based on acceptance and commitment is that thoughts and feelings emerge naturally, conflicts with the spouse are resolved, new and positive relationships begin to expand intimacy. Finally, marital satisfaction will increase gradually. Over the

years, couples may have conflict and incompatibility and constantly try to change each other. They try to avoid letting go of their minds about interpersonal differences and adopt ways of interpersonal control and hostility towards each other; In the course of this treatment, intimacy improves. This improvement is due to acceptance, non-experiential avoidance and non-use of control methods, increasing mindfulness, clarifying values and adjusting expectations, reducing judgment and thinking (Sadatmand et al., 2017). This improvement is quite noticeable for premenopausal women and acts as a natural boost to the desire to continue the treatment. This approach is especially suitable for couples whose emotional bonds with each other have weakened and do not experience significant intimacy together (Peterson et al., 2009). On the other hand, women's perception of intimate relationships is formed by the emotional exchanges of a person during childhood and in relation to the people close to him. In this treatment, informing premenopausal women about intimacy schemas and helping to correct them is another factor that explains the improvement of relationships and the increase of intimacy during treatment. By having a better sex relationship, many conflicts caused by not satisfying the sexual or emotional needs of each couple can be easily resolved. With the improvement of the relationship between men and women and the resolution of a group of conflicts, people's life satisfaction increases proportionally, and this increase in the level of satisfaction in the personal dimension for each of the couples leads to the improvement of the quality of life together.

Ethics

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

Acknowledgement

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Conflict of Interest

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

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