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Evaluating the Effectiveness of Acceptance and Commitment Therapy (ACT) on Self-regulation of Maladjusted Couples

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ABSTRACT

The present study aimed at evaluating the effectiveness of group-based acceptance and commitment therapy on self-regulation of maladjusted couples. This study was conducted by using a quasi-experimental method with pre-test-post-test design with a control group. The statistical population of the study included maladjusted couples in the age range of 20 to 50 years in Districts 4 and 5 of Tehran. Among them, 80 people were selected by a convenience sampling and they were randomly assigned to experimental and control groups. A self-regulation inventory (25 questions) was used to collect data and according to the research design, the subjects were assessed in two stages of before and after the group training. The treatment program was performed for 7 sessions of 90 minutes for the couples in the experimental group, but the control group received no intervention during the study. The collected data were analyzed using multivariate analysis of variance in SPSS-26 software. Results revealed that self-regulation scores and their dimensions in the experimental group increased significantly compared to the control group. According to the results of the present study, it can be stated that acceptance and commitment therapy can significantly improve positive actions, controllability, expression of feelings and needs, assertiveness and well-being seeking and can be used as a useful model in psychological counseling of couples.

Keywords
Acceptance and Commitment Therapy, Self-regulation, Positive Actions, Controllability, Expression of Feelings and Needs, Assertiveness and Well-being Seeking, Maladjusted Couples

Introduction

Human life consists of different stages and cycles, one of the most complex and difficult stages of which is marriage and family formation. The family is one of the main elements of a community. Achieving a healthy community depends on family, and achieving a healthy family requires that its members to have mental health and favorable relationships with each other (Samani and Ahmadi, 2011; Abangah, 2011; Kamali, Dehghani Firoozabadi and Ghasemi, 2014). Paying attention to family center, healthy and constructive environment, warm and intimate interpersonal relationships are among the goals and needs of marriage (Yarmohammadian, Bankdar and Asghari, 2011). Self-regulation is one of the components that its use is highly important and has a great impact on the couple's personality development. Self-regulation is a multidimensional structure that includes cognitive, motivational-emotional, social, and physiological processes affecting the active control of purposeful actions (Calkins & Howse, 2004). This system is responsible for the control processes in execution, attention, inhibition, and activation, and makes it possible to suppress inappropriate responses and initiate and perpetuate necessary responses (Hanif, Ferrey, Frischen, Pozzobon, Eastwood et al et al., 2012). Personality affects health through at least two processes: The first process prepares a person for behaviors that create two groups of healthy and unhealthy habits. The second process operates through coping styles, which indirectly affect health (Besharat and Bazazian, 2011). Several studies have proven the importance of self-regulation in psychological behaviors, normal development as well as the emergence of adjustment problems (Eisenberg et al., 2000; Calkins & Howse, 2004; Lieberman, Giesbrecht, Muller, 2007). Recent studies suggest that third-wave approaches can improve people's mental health by affecting their self-regulation process. Behavioral therapies have been evolved with researchers' emphasis on three waves of evolution over time, including behavioral, cognitive, and, more recently, the integration of mindfulness-structures and experimental acceptance (Hayes, 2004). Therapies in this "third wave" classification, also called acceptance-based therapies, include mindfulness-based cognitive therapy (Segal, Teasdale, & Williams, 2004; Segal, Williams, & Teasdale, 2012), and dialectical behavior therapy (Linehan, 1999), and

acceptance and commitment therapy (Hayes et al., 1999), which have been increased in empirical work and clinical use (Forman & Herbert, 2009; Forman and Butryn, 2015). Acceptance and Commitment Therapy (ACT) is a behavior change method based on relational frame theory and has been directed towards greater flexibility of people (Hayes et al., 1999; Zhang et al., 2018). This therapeutic approach emphasizes pervasive awareness along with openness to acceptance. In this approach, the person allows disease-related thoughts to be present in the mind without attempting to control disease-related thoughts (Zettle, Rains & Hayes, 2011). When these experiences, including thoughts and feelings, are viewed with openness and acceptance, even the most painful ones will be considered less threatening and tolerable, and ineffective controls will be reduced (Hayes et al., 2006). The main goal of acceptance and commitment interventions is to create psychological flexibility. In this approach, the patient is taught that any action to avoid or control these unwanted mental experiences is ineffective or has the opposite effect, and the experiences should be accepted completely, without any reaction to eliminate them (Forman et al., 2009). The results of a study conducted by Wakefield, Roebuck & Boyden (2018) show the importance of psychological acceptance, especially in the case of psychological functions, and people who report a higher tendency to experience negative psychological experiences, emotional experiences, and undesirable thoughts and memories, show better social, physical, and emotional functions. Also, the research conducted by Twohig and Levin (2017) showed that the group treated with acceptance and commitment therapy had higher cognitive functions, better quality of life and higher resilience than the control group. Based on the results of various studies, it can be stated that maladjustment decreases in people with high self-regulation. Thus, the role of self-regulation in reducing maladjustments should be prioritized (Cazan, 2012). The study conducted by Abdolrahimi Nowshad (2020) showed that acceptance and commitment therapy improved self-regulation skills and self-efficacy. Since acceptance and commitment therapy has been developed by professionals who live in communities and are influenced by cultural, historical, personal experiences and important events around them, and the effectiveness of these models has been proven in their own country, it is necessary to test its effectiveness experimentally to use such interventions in family issues in Iranian culture. Also, stress and other unpleasant emotions can reduce time of being together, opportunities for shared experiences, mutual emotional self-expression, kindness, sexual relationships along with couples satisfaction and feeling of "we" in the couples (Bodenmann, 2005). Thus, interpersonal competencies, including appropriate communication skills, self-regulation and coping with stress play a major role in building and maintaining intimate relationships (Omidian et al., 2019). Accordingly, the present study aimed at evaluating the effectiveness of cognitive-based acceptance and commitment therapy on improving self-regulation in maladjusted couples.

Methods

The present study was conducted as a quasi-experimental research with pre-test-post-test design with a control group. The statistical population of this study included maladjusted couples aged 20 to 45 years, referring to counseling centers in Districts 4 and 5 of Tehran to receive psychotherapy services. The research sample consisted of 80 people selected by a convenience sampling method and were randomly assigned to experimental and control groups. Data collection instruments included a self-regulation inventory. In the pre-test stage, all couples in the experimental and control groups were assessed using a self-regulation inventory. Then, the treatment was performed on the experimental group (7 sessions of 90 minutes for couples) but the control group did not receive any intervention. At the end of the training sessions, all subjects in both groups were assessed again using a self-regulation inventory. It should be noted that e same training sessions were held for the control group after conducting the research to observe ethical principles and respect the participants. Multivariate analysis of variance in SPSS-26 software was used to analyze the data.

Research instruments

A) Self-Regulation Inventory (SRI-25): The Self-Regulation Inventory is a 25-item test that assesses self-regulation in five areas of positive actions, controllability, expression of feelings and needs, assertiveness, and well-being seeking on a 5-point Likert scale (Ibanez, Ruiperez, Moya, Marques & Ortet, 2005). The minimum score of the subjects in this scale will be 25 and the maximum will be 125. A higher score indicates higher levels of self-regulation and skills associated with this structure. The psychometric properties of the self-regulation inventory have been confirmed in preliminary foreign (Ibanez et al., 2005; Grossarth-Maticek & Eysenck, 1995; Marques et al., 2005) and domestic studies (Besharat, 2011, Besharat and Bazazian, 2011). Grossarth-Maticek & Eysenck (1995) showed the predictive validity of this inventory in relation to the cause of death in patients with cancer and heart disease in a 15-year study. Cronbach's alpha coefficients from 0.74 to 0.92 for the 72-item form (Marques et al., 2005) and from 0.68 to 0.84 for the 25-item form (Ibanez et al., 2005) confirmed the internal consistency of the scale. Marques et al. (2005) reported

the reliability of the self-regulation inventory at 0.87 using a test-retest method with one-month interval. In these studies, the convergent and discriminative validity of the self-regulation inventory was confirmed through the correlation between self-regulation and extraversion, emotional stability (low neuroticism) and impulse control (low psychosis). A higher score indicates higher levels of self-regulation and skills associated with this structure. The psychometric properties of the self-regulation inventory have been confirmed in preliminary foreign research (Ibanes et al., 2005; Grossart-Matik and Eysenck, 1995; Marcus et al., 2005) and domestic research (Besharat, 2011; Besharat and Bazazian, 2011). Grossart-Matik and Eysenck (1995) demonstrated the predictive validity of the scale in relation to the cause of death in patients with cancer and heart disease in a 15-year study. Cronbach's alpha coefficients from 0.74 to 0.92 for the 72-item form (Marcus et al., 2005) and from 0.68 to 0.84 for the 25-item form (Ibanez et al., 2005) confirmed the internal consistency of the scale. Marcus et al. (2005) reported the reliability of the self-regulation inventory retest over a one-month period of 0.87. In these studies, the convergent and diagnostic validity of the self-regulation inventory was confirmed through the relationship between self-regulation and extraversion, emotional stability (low neuroticism) and impulse control (low psychosis).

Investigating the psychometric properties of the Persian form of the self-regulation inventory in a sample of 676 students showed the Cronbach's alpha of the questions of each of the subscales from 0.90 to 0.97, which indicates good internal consistency of the test. Correlation coefficients between the scores of 134 people in the sample were calculated twice with an interval of four to six weeks to assess the reliability of the self-regulation inventory using test-retest method. These coefficients were obtained as follows: r = 0.85 for self-regulation (total score), r = 0.82 for positive actions, r = 0.71 for controllability, r = 0.78 for expression of feelings and needs, r = 0.80 for assertiveness, and r = 0.86 for well-being seeking. These coefficients were significant at the level of P <0.001. These coefficients confirmed the test-retest reliability of the self-regulation inventory (Besharat and Bazazian, 2011). Similar results were obtained in investigating the psychometric properties of the self-regulation inventory in a sample of 357 males and females in Iranian population (Besharat, 2011). Preliminary results of factor analysis of the self-regulation inventory also confirmed five interrelated factors and a general factor (self-regulation). The results of this study confirmed the convergent and discriminative validity of the self-regulation inventory, as in similar foreign studies (Ibanez et al., 2005; Marqeus et al., 2005) (Besharat and Bazazian, 2011).

B) Acceptance and commitment therapy protocol: The following treatment protocol, which consists of seven sessions, was used for psychological education of maladjusted couples.

Table (1): Titles of experimental group therapy protocol sessions of "Acceptance and commitment therapy" for maladjusted couples

Sessions	Goals	activities
Session 1- introducing your position	-Establishing appropriate therapeutic communication -Creating an atmosphere of cooperation in the group -Encouraging compassion and mutual understanding	Introducing the group; Description of confidentiality; Painting values as individual homework and group discussion; Introducing the content of values; Identifying initial thoughts about the path of values
Session 2- Identification of thoughts	- Introduction of content of control and acceptance - Creative helplessness - Inconsistency of problematic thoughts	Reviewing home assignments; Introducing the instructions of life; Attention to conflict with problematic thoughts; Individual artwork; Creative

		helplessness - a group discussion of experiential learning for dissociation; Group assignments
Session 3- My mind	- Understanding how to generate thoughts from the mind - Assessing the nature of language and how language mixes with emotion - Fault of thought	Reviewing of assignments; Releasing the rope; Mind metaphor - artistic activity; Releasing of problematic thoughts - artwork activity, assignment presentation
Session 4: mindfulness and being at the moment	-Recognizing the path of values -Experiencing of the present moment and yourself as a context -Role playing	Reviewing of assignments; Moving in the path of values using the metaphor of the bus; Playing the role of life at the moment; Artwork activity; Home assignments
Session 5- my values	- Group discussion about their values - Introducing the content of life in the path of values - Selecting at least one positive personal value	Reviewing of assignments; Discussing of values; group discussion; Building a value with soil - artwork; Drawing life as a journey in the path of values using committed action; home assignments
Session 6: Self-compassion, review and reminder	-Full review of previous sessions -Self-compassion - Re-assessment of yourself and your acceptance	Reviewing home assignments; Reviewing of previous sessions and group discussions; Selecting small and achievable goals with high success potential
Session 7- termination of treatment	-Termination of sessions	General review; Answers to couples' questions; Completion of post-test tools; acceptance and appreciation

Results

The collected data were analyzed at two levels by means of descriptive statistics (mean and standard deviation) and inferential statistics, which are as follows:

Table (2): Descriptive statistics of demographic variables in the experimental and control groups

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Variable		Frequency	Percentage	Accumulative Percentage
Education	Diploma	17	21.3	21.3
	Associate	18	22.5	43.8
	Bachelor	31	38.8	82.5
	Master	11	13.8	96.3
	PhD	3	3.8	0.100
Gender	Female	40	0.50	0.50
	Male	40	0.50	0.100
Job	Self-Employed	45	56.3	56.3
	Housewives	8	10	66.3
	Employed	27	33.8	0.100
Age	30-20	29	36.25	36.25
	40-31	34	42.5	78.75
	50-41	17	21.25	0.100

Table (3): Descriptive statistics of self-regulation and its dimensions in the experimental and control groups in the pre-test and post-test stages

Variables	Implementation Stage	Experimental Group		Control Group	
		Mean	SD	Mean	SD
Positive Actions	Pre-Test	10.10	48.1	85.9	3.2
	Post-Test	75.18	2.14	10.70	1.94
Controllability	Pre-Test	50.12	21.2	50.11	60.2
	Post-Test	21.65	1.30	10.80	1.57
Expression of Feelings and Needs	Pre-Test	50.11	63.1	55.11	21.2
	Post-Test	17.15	1.75	12.05	2.03
Assertiveness	Pre-Test	95.13	35.2	95.13	76.1
	Post-Test	16.05	1.84	14	1.48

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Well-Being	Pre-Test	50.11	03.2	30.11	25.2
	Post-Test	19.75	1.40	12.30	1.93
Self-Regulation	Pre-Test	55.59	71.4	15.58	02.5
	Post-Test	93.35	3.86	59.58	4.01

Based on Table (3), it can be seen that in the post-test stage, the difference between the experimental and control groups increases and the experimental group shows an improvement in the self-regulation variable and its dimensions compared to the control group. Since homogeneity assumption of the regression slope (even after logarithmic conversion) was not confirmed and the calculation of difference of scores (pre-test-post-test), the existence of an independent variable with two levels (experiment and control) and five dimensions of dependent variable, multivariate analysis of variance test was used, results of which are presented in the following tables.

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Table (4): Results of multivariate analysis of variance of self-regulation scores and its dimensions in experimental and control groups

Test Type	Value	F	Df	Error degree of freedom	Significant level	Effect size
Pillai's Trace	0.384	9.216	5.00	74.00	0.001	0.384
Wilks' Lambda	0.616	9.216	5.00	74.00	0.001	0.384
Hotelling Trace	0.623	9.216	5.00	74.00	0.001	0.384
Roy's Largest Root	0.623	9.216	5.00	74.00	0.001	0.384

Due to the non-significance of the Box's M test and the lack of confirming the assumption of homogeneity of the variance and covariance matrix, the values of the Pill'i's effect test were used, as shown in Tables (4). There is a significant difference between experimental and control groups in terms of self-regulation and its dimensions. Table (5) shows the results of the between-subjects effects test to determine the differences separately for dimensions of the dependent variable.

Table (5): Testing the between-subjects effects test on self-regulation scores and its dimensions in the experimental and control groups

Dependent Variable	Squared Sum	df	Squared Mean	F	Significant Level	Effect Size
Positive Actions	344.450	1	344.450	25.940	0.001	0.250
Controllability	702.113	1	702.113	47.877	0.001	0.380
Expression of Feelings and Needs	127.512	1	127.512	16.489	0.001	0.175
Assertiveness	21.013	1	21.013	5.204	0.001	0.063
Well-Being Seeking	292.613	1	292.613	23.438	0.001	0.231
Self-Regulation	6090.050	1	6090.050	36.642	0.001	0.320

Based on the results of Table (5), there is a significant difference between the experimental and control groups in terms of positive actions, controllability, expression of feelings and needs, assertiveness, well-being seeking and self-regulation variables. Therefore, subjects in the experimental group have more ability in the area of self-regulation skills than the control group, indicating the effectiveness of group-based acceptance and commitment therapy.

Discussion and Conclusion

Results revealed that the level of self-regulation in the experimental group has significantly increased compared to before receiving cognitive training based on acceptance and commitment. In addition, the significant superiority of the experimental group over the control group indicates that the effectiveness of cognitive training based on acceptance and commitment in increasing self-regulation skills in maladjusted couples. This result is in line with the results of the

studies conducted by Cazan (2012), Abdolrahimi Nowshad (1399), Wakefield, Roebuck & Boyden (2018), Salimi, Mahdavi, Sepehr Yeganeh, Abedin and Haj Hosseini (2019), Yeganeh, Twohig and Levin (2017). In explaining this result, it can be stated that self-regulation is a vital capacity that allows people to control their thoughts, feelings and actions and it is associated with a large number of psychological processes from executive cognitive functions ranging from attention control to higher regulatory processes such as regulation or conflict resolution (Gendolla, Tops & Koole, 2015).

Self-regulation of interaction between couples has emerged as a process of regulating intra-personal emotional reactions to the partner. Reflexivity in self-regulation of interaction may be defined as focusing on self, trying to understand one's feelings and needs, testing to meet those needs, and exploring resources (Girgždė, Keturakis & Sondaitė, 2014). Baumeister and Stillman (2008) have stated that there is a relationship between self-regulation and healthy close relationships. Healthy close relationships result in optimal self-regulation, and effective self-regulation improves marital relationships. In the process of cognitive distortion, couples misinterpret each other's situations and behavior in a way that reinforces negative thoughts. The person relies on information consistent with negative beliefs and thoughts through the mechanism of distortion, and the information that contradicts them is ignored or devalued. Emotionally, the person may suppress the emotions associated with a belief. When emotion is rejected, negative belief or thought does not reach the level of consciousness. Hence, effective and efficient steps cannot be taken to change or improve it. Behaviorally, the person engages in self-harming patterns, unconscious choices, and staying in situations and relationships that provoke and perpetuate negative beliefs, and avoids establishing the relationships that improve dysfunctional beliefs. Maladjusted couples learned during the training sessions to confront their false and inconsistent beliefs, evaluate them personally, and change them if necessary, or reject them as a defected belief.

Group therapy based on acceptance and commitment as a social experience expanded the couple's horizons and created higher social insights and it was clearly reflected in the improvement of the "positive relationship with others" component. Thus, after receiving the intervention, couples were able to gain deep and extensive insights in regulating interpersonal relationships in relation to their internal reactions, being sensitive to each other, selecting new behaviors, and imagining various meanings about shared life experiences. The present study suffers some limitations, for example, the scope of the study was limited to couples aged 20 to 45 years living in Districts 4 and 5 of Tehran, lack of using random sampling, and lack of control over variables affecting self-regulation of couples. Thus, to increase the generalizability of the results, it is recommended to conduct a similar research in different provinces and cultural communities and various groups of society by using a random sampling method. Considering the effectiveness of acceptance and commitment therapy on couples' self-regulation, it is recommended that this efficient and effective treatment program be taught to psychologists and counselors in health centers during a specialized workshop to take practical steps to promote psychological well-being, independence and personal growth in the community.

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