



Evaluation of the Effectiveness of Acceptance and Commitment-based Education on Emotional Self-disclosure and Marital Commitment of Women Referring to Gonbad Kavous Clinics

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The aim of this study was to investigate the effectiveness of education based on acceptance and commitment on emotional self-disclosure and marital commitment of women referring to Gonbad Kavous clinics. The method used in this study was pretest-posttest with a control group. For this purpose, 30 people were considered among the subjects who were selected by available sampling. In this study, emotional self-disclosure questionnaire (Saadati Shamir, Gholami, 2014) and marital commitment questionnaire with Adams, Joens marital commitment scale (Saadati Shamir, Khorasanian, 2015) were used to assess the level of emotional self-disclosure. In this study, in order to analyze the data, descriptive statistics including minimum and maximum scores, mean and standard deviation were used. By using acceptance and commitment based training techniques and cognitive reconstruction techniques, misconceptions and cognitive distortions related to couples can be identified and rational and appropriate thoughts can be replaced. In this way, marital commitment is increased and the quality of emotional self-disclosure is increased. Couples recover.

Based on the research findings, education based on acceptance and commitment has a positive and significant effect on emotional self-disclosure and marital commitment of women referring to Gonbad Kavous clinics.

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Introduction

Marriage is one of the foundations of human universality, and no foundation has so deeply influenced individuals. One of the most important concepts in marriage and married life is marital commitment, which is the extent to which people have a long-term view of their marriage, sacrifice for their relationship, maintain and strengthen their solidarity and unity, and with their spouse even when their marriage is rewarding. No, they remain (Harmon, 2005).

The main argument for defining a healthy marriage so far has been the belief that the following elements are present in strong marital units; Intimacy, commitment, emotional connection, conflict resolution skills and spirituality. It is understood that marital commitment between spouses is an important predictor of satisfactory and lasting marriages, lifelong commitment to marriage, fidelity to one's spouse, strong moral values, respect for one's spouse as best friend and commitment to one's spouse. Gender fidelity is a hallmark of a satisfying marriage over the age of 20 (Chen, et al., 2007).

The social sciences have recognized the importance of understanding marriage through extensive studies conducted in this field. Marriage researchers have focused more on the satisfaction of sustainability in marital relationships, while satisfaction and sustainability are important components in marriage. Other variables deserve more attention, but the variable that deserves more attention is marital commitment. A healthy marriage means the presence of several elements such as commitment, marital satisfaction, relationship and the absence of elements such as violence and infidelity.

Commitment to the institution of marriage also seems to be important for the success of a marriage. (Lambert, Dollahite, 2008).

Although the commitment or intention to continue the relationship is often considered a general structure, it is explicitly divided into three distinct types. These three types of obligations include: a) commitment to the spouse (personal commitment) based on the desire to remain in the relationship b) commitment to marriage (moral commitment) related to social or religious obligations and integrity agreements. C) Compulsory commitment is based on the feeling of being trapped in a relationship due to the costs and problems of terminating the bond (Adams, Joens, 1997).

Also, one of the most important processes in the formation of a committed marital relationship is emotional self-disclosure, that is, disclosure of private and confidential information that would not otherwise be available. Self-disclosure is a gradual process. They do not express their thoughts and feelings. This phenomenon is also a reciprocal flow, meaning that the two parties reveal their inner emotions and realities to each other, and if one of them retreats, the process of self-disclosure stops. Emotional self-disclosure, which is one of the relatively new methods that researchers have considered in recent decades, actually means that one expresses one's deepest experiences verbally and in writing to others or to oneself. This concept was first introduced in Aristotle's writings under the title of psychological refinement (Mousavizadeh, Pezeshk, 2012).

Mitchell, Ambrose (2007) showed that emotional self-disclosure and empathy are

components of intimacy between spouses. Goldenberg, Goldenberg (2009) consider the concept of family and the value of this social institution as the basis of work for any government and society, and believe that each society, in accordance with its values, first goes to the family to nurture its future citizens. This issue becomes more important when the society needs new citizens with a new way of thinking due to structural and infrastructural changes. That is why the family is one of the first institutions that must change in society and there will be no change in it except through scientific understanding of its functions and ills. Systems theory believes that at least part of a person's problems arise from the context of his or her family. Cognitive-behavioral therapy recognizes that their partner's emotions, cognitions, behaviors, beliefs, and beliefs act as a motivating or influential event in their problems. (Goldenberg and Goldenberg quoted by Hossein Shahi Barvati and Naghshbandi Arjmand, 2009).

Dryden (2000) showed that people with more irrational thoughts are more anxious, depressed, and confused than others. "One of the most recent views on reducing such thoughts is the 'rational-emotional-behavioral' (Albert Ellis) school of psychotherapy." Based on the fundamental assumptions of this therapeutic approach, our emotions arise from our beliefs, assessments, interpretations, and reactions to life situations (Ellis, 1978).

According to the Statistics Center of Iran, divorce has increased in recent years. This growth from 1994 to 1996 was 7/2, 7/5, 7/9, respectively, which reached 8.6% in 2007 (Fathi, et al., 2013). It can be predicted that if we do not pay attention to the category of marital commitment, divorce statistics will grow significantly and the foundation of the

family will be endangered. This is a strong reason to pay more attention to this issue. Given the growing number of divorces, the existence of solutions to this is vital. So far, much research has been done in this field. However, no research has been conducted that shows the effect of teaching therapy based on marital acceptance and commitment and emotional self-disclosure, so the existential vacuum of this issue is well felt. Does it have an effect?

Methodology

The present research is a quasi-experimental research and its research design is a pre-test-post-test design with a control group with non-random selection of input. The population of the present study consisted of all women referred to the clinics of Gonbad Kavous in the two-month period (May and June) in early 2016, which numbered about 50 people. Stepwise cluster sampling method was used in this study. In this way, in the first stage, three clinics were selected from all clinics and in the next stage; all volunteers were selected from among all the clients. The sample size was also selected based on previous studies. In this study, emotional self-disclosure questionnaire (Saadati Shamir, Gholami, 2014) and marital commitment questionnaire with Adams, Joens marital commitment scale (Saadati Shamir, Khorasanian, 2015) were used to assess the level of emotional self-disclosure.

In this study, in order to analyze data from the topics of descriptive statistics including minimum and maximum scores, mean and standard deviation and to answer research hypotheses, first parametric test hypotheses such as Kalmogorov-Smirnov test to check the normality of variable distribution, hypothesis testing Homogeneity of variances and

homogeneity of variance-covariance matrices, homogeneity of regression slopes and correlation between dependent variables were used and then the research hypotheses were answered using t-test, analysis of covariance and analysis of variance.

Result

In this section, first a descriptive study of variables and their subcomponents and in the next stage the assumptions of using parametric statistical tests such as Kalmogorov-Smirnov

test to check the normality of variable distribution, hypothesis of homogeneity of variance and homogeneity of variance-covariance matrices, homogeneity Regression gradients between dependent variables were used and then the research hypotheses were answered using analysis of covariance and analysis of variance. One-way Kalmogorov-Smirnov test was used to test the hypothesis of normal distribution of variables in the population.

Table1. Results of Kalmogorov-Smirnov test to test the hypothesis of normal distribution of sub-variables of marital commitment

	Depression	happiness	Jealousy	Anxiety	Anger	Peace	disinterest
Number	20	20	20	20	20	20	20
Z	1.22	0.44	0.37	0.46	0.82	1.11	0.88
Significance level	0.17	0.67	0.72	0.42	0.36	0.13	0.23

Based on the results listed in Table 1, the value of Z Kemptz from 1.96 and the level of significance above 0.5 can be inferred that the distribution of variables in the community is normal. The results of examining the

hypothesis of homogeneity of variance and homogeneity of variance-covariance matrices for marital commitment and emotional self-disclosure are presented in Table 2.

Table2. Assessing the Hypothesis of Homogeneity-Covariance Matrices for Marital Commitment and Emotional Self-Disclosure

Variables	Box's M	F	Df	Sig
Personal commitment	22.11	1.02	18	0.31
Ethical commitment	11.10	1.11	18	0.66
Structural commitment	36.32	1.55	18	0.22
Depression	44.12	1.10	18	0.41
Happiness	30.14	1.22	18	0.36
Jealousy	27.43	1.54	18	0.21
Anxiety	26.33	1.35	18	0.35
Anger	44.12	1.10	18	0.41
Peace	30.14	1.22	18	0.36
disinterest	27.43	1.54	18	0.21
fear	26.33	1.35	18	0.35

The results in Table 2 show that the assumption of homogeneity of variance-covariance matrices with respect to research variables and sub-variables (marital commitment and emotional self-disclosure) has been observed. In order to investigate the differences between

the experimental and control groups in the dimensions of marital commitment, the results of multivariate analysis of variance in the output of analysis of covariance were used. The modified means of these variables are given in Table 3.

Table3. Multivariate analysis of variance of the difference between the experimental and control groups in the dimensions of marital commitment in the post-test

Source of changes	SS	df	MS	F	Sig	Partial η^2	Test power
Personal commitment	0.02	1	0.02	1.40	0.11	0.03	0.09
Ethical commitment	0.18	1	0.18	9.22	0.003	0.18	0.81
Structural commitment	0.20	1	0.20	17.11	0.004	0.31	0.72

The results listed in Table 3 show that only in the personal commitment test, the difference between the control and experimental groups is not statistically significant ($F = 1.40$, $P = 0.11$), which means that the training of treatment based on acceptance and commitment increases. Couples' personal commitment is not effective.

The results listed in Table 43 show that only in the personal commitment test, the difference between the control and experimental groups is not statistically significant ($F = 1.40$, $P = 0.11$), meaning that acceptance-based therapy training and commitment increase Couples' personal commitment is not effective. The results of Table 3 regarding the sub-variables of moral commitment and structural commitment are that the difference between the control and experimental groups is statistically significant, which means that acceptance and commitment therapy training increases the couple's marital commitment. In general, it can be said that the first hypothesis of the present study that the effectiveness of treatment education based on acceptance and commitment on increasing the marital commitment of couples is confirmed.

Discussion

In the cognitive-behavioral skills management training process, strategies such as general coping, communication skills, and coping with anxiety was taught. The training was identified, then the changes were measured by the tools used and the necessary comparisons were made with the control group. In this study, marital satisfaction and marital burnout as dependent variables under the influence of cognitive-

behavioral skills training have changed significantly. According to the obtained results, it can be said that the change in marital satisfaction and marital burnout is a sign of the high ability of training cognitive-behavioral skills in creating changes in the above personality traits. Marital satisfaction and marital burnout are relatively stable personality traits that cannot be changed only with short training sessions and require a lot of time and number of sessions. This method can be effective compared to other methods that do not have the ability to make significant changes in these traits cited. According to Gardner (2005), the reasons for the program's success in changing personality variables are to enable participants to interact face-to-face as a group and to create opportunities to practice cognitive-behavioral skills and techniques in the real world.

Cognitive therapy methods are based on the information processing model. The way a person organizes their experiences and knows how they feel and behave. Cognitive therapy is used because the goal in this method is to treat cognitive exercises and specific errors in thinking (cognition). Cognitive therapy techniques are varied, but general treatment strategies are a combination of verbal and behavioral therapy techniques. Using these techniques, one identifies negative thoughts, realizes them, and treats distorted conceptualizations and fundamental misconceptions. The family of cognitive therapists considers the effect of misinterpretation and misconceptions in marital life as an important issue and does not consider the cause of psychological problems

as an external factor, but as a factor in the type of attitude, thinking and cognition with which a person processes external information, Reacts to external events and happenings. Every cognition is just an idea. Therapists believe that it is these negative perceptions that cause depression and anxiety in people (Hamidi, 2004).

Thus, families will not be safe from the bite of irrational and prejudiced thoughts in life, and if we are careful, we will see that the root of some misunderstandings in life is rooted in the prejudiced and irrational thoughts of couples. Biased expectations and considerations create a mindset that is therapeutically called a "set of cognitions." For example, when a man places his wife in this collection, he judges virtually all of her actions, behavior, and speech (Azarian, 2007).

Regarding the effectiveness of cognitive-behavioral counseling, we can refer to Datilio (2000). Regarding the effectiveness of this method, he states that to permanently resolve marital conflict, especially if it is a severe and permanent conflict, behavior change will be insufficient. This requires cognitive reconstruction; It is only by changing the couple's beliefs about marriage that one can be sure that a more satisfying relationship will emerge. Cognition Therapists when working with couples try to correct their unrealistic expectations about what to expect from the relationship and teach them how to reduce destructive interactions. Distortion in the evaluation of experiences, which is the result of negative schemas, is also investigated. By identifying and articulating each couple's schemas about themselves, their spouse, and their marital relationship, the therapist helps the couple to take responsibility for both of their grievances. Recognizing the therapist who works with couples Reconstructs distorted beliefs have a fundamental effect on changing bad behaviors.

The results of this study showed that acceptance and commitment therapy training

has an effect on increasing marital commitment of couples. The results of this study with the results of research conducted by Khayyat Ghiasi, Moin, Rusta (2010), Sudani, Mehrabizadeh Honarmand, Farahbakhsh (2009).) (Chang (2008), Northrup (1996), Sanaei Zakir (2002), Hosseinpour, Shahroei, Ebadi (2009), Eshghi (2006), Saemi (2005) and Tabrizi (2004) are similar.

Sudani, Mehrabizadeh Honarmand, Farahbakhsh (2009) in their research showed that experimental intervention (training in acceptance and commitment based treatment) has an effect on improving marital relationships and increasing marital commitment of couples. The study population in this study included all couples who referred to the Welfare Counseling Center No. 148 in Tehran in 2009 and had couple problems such as: communication problems, cold and dry relationships, etc. The results of this study are consistent with the results of research conducted by Khayyat Ghiasi, Moin, Rusta (2010), Chang (2008) who reported a significant improvement in marital satisfaction of couples after training in acceptance and commitment therapy.

Research results of Suleimanian, Navabi Nejad (1994), The effect of irrational thoughts on marital satisfaction, Hosseinpour, Shahroei, Ebadi (2009) The effect of family therapy with emphasis on cognitive-behavioral approach on marital satisfaction, Eshghi (2006) The effect of treatment based on Acceptance and commitment on improving couples' cold temper, Saemi (2005) confirms the effectiveness of acceptance and commitment-based therapy on marital satisfaction of couples. According to the results, the research hypothesis that "acceptance and commitment-based therapy training has an effect on improving the quality of emotional self-disclosure of couples." It was confirmed. Therefore, it can be concluded that acceptance and commitment therapy training has an effect

on improving the quality of emotional self-disclosure of couples.

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