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## EFFECT OF OCT ON MARITAL DISTRESS, SUICIDAL IDEATION IN ADDICTED SPOUSES OF YASUJ

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### ABSTRACT

*The present study was conducted to examine the effects of Acceptance and Commitment Therapy on marital burnout and suicidal ideation among addicted spouses referring to health clinics in Kohgiluyeh and Boyer-Ahmad Province. The population consisted of all addicted spouses who were referring to health counseling clinics of the province. Using random sampling method, 100 patients were selected out of the whole population and included in the present study. The required data were collected through Beck Scale for Suicide Ideation and Pine's Marital Burnout Scale and analyzed via the SPSS software. To test the research hypotheses, descriptive and inferential statistics were applied. Considering the P-value and statistically significant differences, it was found that both marital burnout and suicidal ideation significantly reduced after the intervention.*

**Keywords:** *Acceptance and Commitment Therapy, Marital Burnout, Suicidal Ideation.*

### INTRODUCTION

Acceptance and Commitment Therapy (ACT) is a kind of awareness-raising behavioral therapy that challenges most of the fundamental rules of western psychology. The ACT is an amalgamation of metaphors, contradictory propositions, awareness-raising skills, and a wide range of empirical experiments and behavioral interventions. The effectiveness of ACT, as an awareness-raising behavioral therapy, has been proven in a wide range of clinical situations. Contrary to the Western psychology assumption of "healthy normality," the ACT assumes that the psychological processes of the human mind are often destructive and cause psychological suffering. Reducing the symptoms is not the goal of treatment in the ACT. In fact, the ACT assumes that continuous effort to get rid of symptoms can cause clinical impairments. Addicted people usually have less feeling towards their spouses and use limited emotional skills in their relationships. This is why wives of addicted men show more willingness to do harmful behaviors such as criticizing, blaming, humiliating, anger and even suicide gestures; they also show lower levels of empathy towards others (Owens et al., 2014). On the other hand, people with marital burnout feel that they are emotionally devastated, angry and discouraged; they are not interested in explaining things or taking steps to solve their problems; and finally, they think that there is no hope for them in their relationships. Marital burnout is associated with feelings such as anger, hatred, and disappointment and the accumulation of these painful emotions causes frustration with the spouse and makes life unbearable. Hence, the ultimate goal of the ACT is to create a productive and meaningful life, while the patient accepts the inevitable suffering in that. The

ACT is all about doing an effective action that is guided by our deepest values, while we are fully prepared and committed. We can make our life meaningful only by increasing our awareness. Of course, as soon as we begin to build such a life, we will encounter all sorts of obstacles due to our unwanted and undesirable internal experiences (i.e., thoughts, imaginations, feelings, physical sensations, impulses, and memories). The ACT helps us control these internal experiences by teaching us various awareness-raising skills. Recent research on the ACT, as the third wave of Cognitive-Behavioral Therapy, has provided satisfactory results and rational reasons for using it in both clinical and non-clinical situations (Izadi, et al. 2014). In the third wave of Cognitive-Behavioral Therapy, known as postmodern therapies, it is believed that emotions must be recognized in the conceptual context of phenomena. Therefore, unlike Cognitive-Behavioral Therapy in which dysfunctional beliefs are modified to modify emotions and behaviors, the ACT initially teaches patients how to accept their emotions and be more flexible in the “here and now” (Hayes et al., 2006). The ACT is used to focus on evaluating and developing a treatment plan. In the ACT, the evaluation of behavior is emphasized rather than the cause of it. The ACT is a kind of behavioral therapy designed to operationalize empirical avoidance and control distressing experiences (Hayes et al., 2009). In the ACT, marital burnout, conflicts, and emotional distance between couples are due to the combination of useless controlling behaviors of each partner and the empirical avoidance strategies each partner applies in a marital relationship. Considering negative evaluative thoughts and acting upon them keep the cycle of negative relations between husband and wife (Paterson et al., 2009). The primary objective of the ACT is to lessen the severity of empirical avoidance by enhancing patients’ psychological flexibility. Psychological flexibility refers to having the ability to make the best choice from among alternative options, rather than doing something only to avoid disturbing thoughts, emotions, or memories (Imani et al., 2013; Honarparvaran, 2014). Research has shown that the ACT can increase marital satisfaction; improve marital conflicts and communication variables in marital relationships; and reduce psychological and interpersonal distresses in difficult couples (Hayes et al., 2006).

## LITERATURE REVIEW

In the present study, marital burnout and suicidal ideation are dependent variables, and the ACT is the independent variable. In the following sections, the three variables and their primary applications will be discussed.

### *Marital Burnout*

Marital burnout is a painful state of physical, emotional, and mental exhaustion that affects those who expect their marriage to be the cause of their happiness. Marital burnout occurs when they realize that, despite all their efforts, their relationships are not meaningful (Van Pelt, 2004). Ellis (1986) defines marital burnout as the lack of real feeling of happiness, satisfaction, and pleasure experienced by couples, as wife and husband, when considering all aspects of their marriage. Satisfaction is an attitudinal variable, and therefore, is a personal characteristic of husband and wife. In fact, marital burnout is the negative and unpleasant attitude that husband and wife have towards various aspects of their marriage. In other words, marital burnout is a mismatch between the current situation and the expected one. Thus, marital burnout occurs when the current situation of one partner does not match his/her expectation, and marital dissatisfaction occurs when the existing situation of one partner does not match his/her desired condition (i.e.,



when husband and wife do not feel happy with their marriage and each other). Marital burnout is not fixed and static, and most married couples experience minor changes in their levels of marital satisfaction. As a result, they have to continually adapt themselves to various physical, social, and psychological changes in their environments (Cumming, 1997).

### ***Acceptance and Commitment Therapy (ACT)***

The ACT was developed by Hayes in 1986. This method is part of the third wave of behavioral therapies arose following the second wave of therapies, such as Cognitive-Behavioral Therapy. The ACT resulted from a research paradigm called the 'Relational Frame Theory' (Hayes et al., 2006). In the ACT, it is assumed that humans consider many of their inner feelings, emotions, and thought annoying and constantly try to get rid of them or change them. However, their attempts are ineffective, and instead, result in the exacerbation of those feelings, emotions, and thoughts (Hayes et al., 2004). The ACT has originated from a philosophical theory called 'Functional Contextualism.' It is based on a research program on language and cognition called the 'Relational Frame Theory.' The ACT has six central processes that lead to cognitive-psychological flexibility. These processes include Acceptance, Diffusion, Self as Context, Contact with the Present Moment, Values, and Committed Action (Loit et al., 2004).

### ***Suicidal Ideation***

Suicide is not a unified phenomenon; it can be considered along a continuum from thinking about suicide to committing suicide. People prone to suicide can be divided into three groups: people who think of suicide, people who gesture suicide, and those who commit suicide. The first group consists of those who have not made apparent attempt to commit suicide, but think about it or have plans and tendency to commit it (Reinhardt et al., 2005).

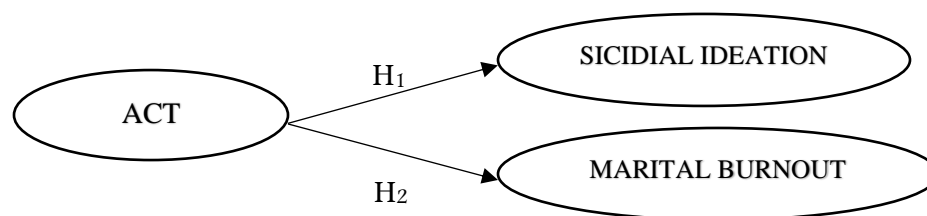


## **RESEARCH HYPOTHESES AND RESEARCH MODEL**

In Figure (1), the present study's conceptual model is presented. In this model, the ACT is the independent variable, and marital burnout and suicidal ideation are dependent variables. According to this model, the present study was conducted to examine the following hypotheses in health centers of Kohgiluyeh and Boyer-Ahmad Province:

*H<sub>1</sub>: there is a significant positive relationship between ACT and reduced marital burnout.*

*H<sub>2</sub>: there is a significant positive relationship between ACT and reduced suicidal ideation.*



**Figure 1: Research Model**

## **METHODOLOGY**

### ***Participants and Sampling***

The population consisted of all addicted spouses referring to health counseling clinics of Kohgiluyeh and Boyer-Ahmad Province. Using random sampling method, the samples were

selected out of the whole population and included in the present study. Then, the samples were divided into two groups of experimental (n=100) and control (n=100). To achieve the research objectives, quasi-experimental design with pre-test and post-test was applied in the present study.

**Table 1. The age range of the participants**

Age range (year)	Frequency	Percentage	Cumulative frequency
<25	20	20	20
25-30	21	21	41
31-35	43	43	84
>35	16	16	100
Total	100	100	100

### ***Instruments***

Data were collected through questionnaires, interviews, observation, tests, databases, and computer/satellite networks.

The Scale for Suicide Ideation used in the present study (i.e., Beck Scale for Suicide Ideation (BSS)), was developed by Aaron T. Beck in 1961. The 19-item BSS assesses issues such as death wish, active and passive suicidal desire, duration and frequency of suicidal ideation, self-control, suicidal deterrence factors, and an individual's readiness to commit suicide. In this scale, there are also five screening items. If an individual's responses indicate that s/he has either active or passive suicidal desire, s/he should answer the next 14 items. The BSS is a combination of three factors: the tendency to die, readiness for committing suicide, and real tendency to commit suicide. Factor analysis of the BSS based on psychiatric patients' responses revealed that the scale is a combination of three main factors: the tendency to die (5 items), readiness for committing suicide (7 items), and real tendency to commit suicide (4 items). There are also two items relating to suicidal deterrence that have not been considered in any of the above three factors.

The Scale for Marital Burnout used in the present study (i.e., Pine's Marital Burnout Scale (PMBS)) was a self-assessment tool for the measurement of degrees of marital burnout in couples. This scale has been adapted by Pines (1996) from another self-assessment tool for the measurement of burnout. The 20-item PMBS has three subcategories of physical (e.g., feeling tired, or having sleep disorders), emotional (e.g., feelings of depression and hopelessness), and mental exhaustion (e.g., feelings of anger and frustration). The items were scored on a 7-point Likert scale.

### ***Construct and Content Validity***

One of the most critical issues in conducting research is validity and reliability of its measurement tools. Validity and reliability of a scale are essential because they show the precision of the results.

The validity of a scale shows the extent to which it measures the desired construct. In the present study, the validity of the scale was confirmed by referring to experts and considering their viewpoints. For this purpose, before the pre-test, the proposed questionnaire along with the study's theoretical framework and hypotheses were given to a group of faculty members and expert whose views were considered in the design of the questionnaire. On the other hand, the applied questionnaire in the present study had already been used by other scholars in similar contexts, indicating its authenticity for being used in the present study.

Reliability is one of the technical features of measurement tools. It deals with the extent to which a measurement tool provides similar results under similar conditions. One of the ways to determine the reliability of a scale is the calculation of Cronbach's alpha. Cronbach's alpha is a measure of internal consistency of measurement tools. In such tools, the answer to each item can have different numerical values. Tools with Cronbach's Alphas > 70-77% have been considered reliable. The results of reliability test of the present study's questionnaire are presented in the following table.

**Table 2. Cronbach's alphas of the study questionnaires**

Factors	Number of items	Cronbach's alpha
PSMB	40	0.86
BSS	38	0.73

As shown in table (2), Cronbach's alphas of the PSMB and BSS were respectively 0.86 and 0.73 > 0.70. Hence, both questionnaires were reliable. In other words, same results would be obtained if the questionnaires were re-distributed among the participants.

## RESULTS AND DISCUSSION

In the present study, two hypotheses were tested. The results will be discussed in the following paragraphs.

*H<sub>1</sub>: there is a significant positive relationship between ACT and reduced marital burnout.*

As seen in the result section, the level of significance for the t-test was zero and less than 0.01. Thus, the null hypothesis was rejected, showing that the difference was significant between pre-test and post-test results. The average pre-test (before the ACT) and post-test (after the ACT) scores were respectively 2.06 and 1.87. Thus, considering the p-value, it can be concluded that marital burnout of the examined patients was higher before the ACT. This finding was in line with results of other studies conducted by Paterson and colleagues (2009), Shirom (2006), and Pirlalak and colleagues (2014). To explain this result, it can be stated that, in the ACT, couples with family problems try to control emotional and cognitive responses of their partners and behave in such a way as to create familiar cognitive and emotional responses in their partners. These controlling attempts lead to issues such as conflictual relationships and emotional/physical withdrawal from their partners to get rid of unwanted thoughts and emotions resulting from negative interactions. This result was also consistent with results of a study conducted by Zarrini and Khorshidi Nejad (2016). They examined the effectiveness of ACT in reducing marital burnout of married couples with family problems and found that the ACT could reduce marital burnout in those couples. As seen in the result section, results of ANCOVA on post-test scores of participants in both groups indicated that the ACT was effective in reducing levels of marital burnout of participants in the experimental group.

*H<sub>2</sub>: there is a significant positive relationship between ACT and reduced suicidal ideation.*

The level of significance for the t-test was zero and less than 0.01, and there was not enough evidence for accepting the null hypothesis. Therefore, the null hypothesis was rejected, showing that the difference was significant between pre-test and post-test results. The average pre-test (before the ACT) and post-test (after the ACT) scores of suicidal ideation were respectively 24.21 and 17.05. Thus, considering the p-value, it can be concluded that suicidal ideation of the examined patients was higher before the ACT ( $p < 0.01$ ). Unfortunately, no previous study was



found on the effectiveness of ACT in reducing suicidal ideation; so that, results of the present study could not be compared with results of other studies.

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