

## The Effectiveness of an Intervention Based on Acceptance and Commitment to Self-compassion, intimacy, and Couple Burnout

### Abstract

Drug addiction is one of the most important social deviations and the scope of its destructive effects is very important because its serious consequences do not only affect the addicted person, but the family and society will also be exposed to its destructive effects. The current research was conducted with the aim of investigating the effectiveness of the intervention based on acceptance and commitment on marital burnout, self-pity and intimacy. In this research, the data collection method was field based, in this research, from the statistical population of all women with addicted husbands in the summer of 2016 in Kermanshah city, 30 people were randomly selected based on available sampling and divided into two experimental groups and control of 15 people were appointed. **Keywords:** Addiction, Family, Self-compassion, Couple burnout, Intimacy, Acceptance, and Commitment-based therapy. Both groups were given SCS self-compassion questionnaire (Neff; 2003), CBM marital despondency scale (Pines 1996) and IS intimacy needs questionnaire (Bagarouzi; 2001). The experimental group received the treatment based on acceptance and commitment as a group in 8 sessions of 90 minutes, and at the end of the sessions, the effect of the said treatment was checked by retesting both groups. And the results showed that the intervention based on acceptance and commitment reduced marital burnout, increased self-compassion (in the components of self-kindness, self-judgment, isolation and self-restraint) and intimacy with the spouse (in the components of emotional intimacy, psychological intimacy, intellectual intimacy, aesthetic intimacy and sexual intimacy).

**Keywords:** *Addiction, Family, Self-compassion, Couple burnout, Intimacy, Acceptance, and Commitment-based therapy*

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### Introduction

The destructive effects of drug addiction are of great importance from a psychological point of view that its serious consequences include not only the addict but also the spouse, children, extended family, the circle of friends, and colleagues exposed to its devastating consequences (Azizpour et al., 2016). Family-based therapeutic interventions have grown significantly over the past three decades, and numerous studies have proven the usefulness of these interventions (Najafloo and Falsafinejad Nejad, 2015). Khosravi and Sadeghi (2012) studied the causes of drug abuse in Kermanshah and found that 79.4% of the subjects had family conflicts, and 42.5% had a cold family cold climate. Barzegari et al. (2016) and Fathi et al. (2016) said that there is a direct correlation between parental abuse and addiction in children. Nirmala (2004) showed that family members have active and close involvement with aspects of addiction. Also, the family's reaction against addiction and addict has a great role in addiction treatment, care after treatment, recovery, or sudden return (Rezaei et al.; 2013). Different treatment models and symptom reduction have been used in psychological treatments. Currently, cognitive-behavioral therapies and especially the approach based on acceptance and commitment therapy, are used as effective treatment methods to treat and reduce the psychological symptoms of chronic diseases. Acceptance and commitment therapy is one of the third-wave treatments of behavioral therapy, which was introduced by Steven Hayes and her colleagues in the early 1980s that is known as ACT

(Izadi and Abedi;2018). ACT is essentially a therapeutic approach whose subject is a function, but not any function, but the function that is based on values. This therapeutic approach helps the client to know what is important to her and then asks her to use these methods to guide behavioral changes in her life. Secondly, conscious action is an action that is done with awareness and full presence, being open to experience and fully participating. On the other hand, one of the factors affecting marital quality is the intimate relationship with the spouse. Marriage is the sincerest relationship during adulthood, which is considered the main source of love and support for couples (Ghorbani and Firouzi, 2016). Therefore, how to continue and satisfy this relationship is an important problem, in the sense that when the husband and wife are satisfied with their lives, the family will have good strength, and they can deal with issues and problems correctly. And they are safe from injuries (Fatemi and Migouni, 2016). Christian Neff has defined the concept of "self-compassion" as follows:

1. Self-compassion versus self-judgment or self-criticism means unconditional acceptance of ourselves and Internal empathy.
2. To share a sense of humanity with others. It recognizes suffering and failure instead of isolating oneself because of shortcomings or mistakes, and lack is a common part of all human experiences. It means to recognize that suffering, failure, and deficiency are a common part of the experiences of all human beings instead of seeking isolation because of deficiencies or mistakes.

3. Mindfulness; A Self-love person chooses a balanced approach in dealing with negative thoughts and emotions. He (she) doesn't suppress them nor express them extremely and excessively. Several studies have shown that self-compassion, along with more satisfaction with life and less self-criticism, leads to lower anxiety and depression and a more stable sense of self. It makes solving the difficulties of life easier (Kavousian, 2016). Therefore, it is necessary to examine and improve factors affecting individual and family psychological health, including self-compassion, intimacy with a spouse, and marital burnout in families with addicts, to the increasing number of addictions and aims their effects on the family, but what adds to the importance of this research is the use of third wave treatments and acceptance and commitment therapy methods. The research aims to answer the question of whether treatment based on acceptance and commitment is effective in reducing marital burnout and increasing intimacy and self-compassion in the families of addicts since, so far, no research has been done in this field and with this group.

**Methodology**

The present study is quasi-experimental and clinical research that was conducted with a pre-test-post-test design and a control group and a two-month follow-up. First, the subjects who were eligible to enter the test were selected as available

and were randomly divided into two experimental and control groups. An experimental group and a control group have been used according to the general purpose of the research, which is to determine effective treatment based on acceptance and commitment to increasing self-compassion, increasing marital intimacy, and reducing marital burnout. Therapeutic intervention (treatment based on acceptance and commitment) was performed on the experimental group in 8 90-minute sessions(table1), while the control group did not receive these therapeutic interventions. Then the retest was performed for both groups. The statistical population of this research is the spouses of addicts in Kermanshah city in August 2017. In this research, 30 spouses of addicts in Kermanshah city were selected according to the entry criteria using the available sample method, 15 spouses were randomly assigned to the experimental group, and 15 other spouses were selected as the control group. The intervention and experimental group received acceptance and commitment therapy, and the control group was not offered acceptance and commitment therapy and was placed on the waiting list to receive acceptance and commitment therapy. In this research, the independent variable of therapy was based on acceptance and commitment, and the dependent variables were self-compassion, marital intimacy, and marital burnout.

**Table 1: Intervention sessions content**

Session 1	Initial familiarization, developing a proper relationship, building trust-preliminary explanations, and conceptualization of the pre-test implementation problem
Session 2	Explaining the mindfulness of thoughts, examining thought-based interactions, feelings, and action assignment: practicing as an observer
Session 3	Reviewed the previous session, express control as a problem and experience the point that any action to avoid or control unwanted mental experiences is ineffective, and use the metaphor of the bus, emphasizing identification and awareness
Session 4	Introduction of desire and acceptance as an alternative to control, Training to distress tolerance (Skills to perseverance in crises, Distractions, Self-soothing by senses, Training to change emotions using acting opposite to the current emotion, Mindfulness practice
Session 5	Practice breakdown, Practice focusing on increasing psychological awareness, teaching important personal skills (describing and expressing self-expression and being courageous, negotiation and self-esteem)
Session 6	Continuing discussion about the satisfaction of suffering, Mindfulness exercises while walking, counting positive and negative points by each other without any judgment and negative reaction, provide an introduction related to goals and value
Session 7	Introducing values and assigning values teach how to respond and proper face mental experiences in setting social lifestyle goals and practical commitment to them
Session 8	Defining values, values clarification exercises and practical adherence to them, summary and post-test implementation

In this study, descriptive statistics such as mean and standard deviation and inferential statistics such as covariance were analyzed in IBM SPSS Statistics 21.0.

**Findings**

First of all, the statistical hypothesis necessary to use the parametric test of covariance analysis, including the Shapiro-Wilk test to check the normality of the distribution of the sample group's scores in the society and the Levene's test to check the equal variances were analyzed. The effect of the pre-test was also controlled using the covariance analysis, and the research hypotheses were analyzed by this statistical method.

After removing the effect of simultaneous variables (age and pre-test) on the dependent variable (Table 2), it was found that there is a significant difference between the adjusted averages of the components of self-love, self-judgment, isolation, and Watchfulness of audiences according to group membership (experimental group and control group) in the post-test phase ( $P < 0.05$ ). But the mean differences are not significant between the components of common humanity, extreme replication, and self-compassion ( $P < 0.05$ ). Therefore, hypothesis 1: acceptance and commitment treatment affects increasing self-compassion (self-love, self-judgment, common humanity, isolation, self-consciousness, extreme replication, and self-compassion) in the families of addicts is accepted for the components of self-love, self-judgment, isolation, and mindfulness. But it is rejected for the components of common humanity, extreme replication, and self-compassion.

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After removing the effect of simultaneous variables (age and pre-test) on the dependent variable, it can be seen that there is a significant difference between the adjusted means of marital burnout of the audiences according to group membership (experimental group and control group) in the post-test stage ( $P < 0.05$ ) (table 2). Therefore, hypothesis 2: Treatment based on acceptance and commitment affects reducing marital burnout in the families of addicts is accepted. It can be seen that after removing the effect of simultaneous variables (age and pre-test) on the dependent variable, there is a significant difference between the adjusted averages of the components of emotional intimacy, psychological intimacy, intellectual

intimacy, sexual intimacy, and aesthetic intimacy of the audiences according to group membership (experimental group and control group) in the post-test phase ( $P < 0.05$ ), this mean the difference between the components of physical intimacy, spiritual intimacy, and social-recreational intimacy is not significant ( $P < 0.05$ ). Therefore, hypothesis 3: treatment based on acceptance and commitment to increasing intimacy (self-love, self-judgment, common humanity, isolation,

mindfulness, extreme replication, and self-compassion) in families with addicts is accepted for the components of intimacy Emotional, psychological intimacy, intellectual intimacy, sexual intimacy, and aesthetic intimacy, but it is not accepted for the components of physical intimacy, spiritual intimacy, and social-recreational intimacy.

**Table 2. The results of covariance analysis of the effect of group membership on the elements of variable**

Variables	Sum of squares	Degrees of freedom	Average	F	significant	Size effect	Statistical power
Self-love	69/11	1	69/11	19/8	009/0	28/0	78/0
Judgment and self-judgment	34/38	1	34/38	01/6	02/0	22/0	65/0
Common humanity	81/23	1	81/23	08/4	06/0	16/0	49/0
Isolation	38/28	1	38/28	99/6	01/0	25/0	71/0
Watchfulness	76/28	1	76/28	53/5	03/0	21/0	51/0
Extreme replication	96/7	1	96/7	32/0	14/0	10/0	31/0
Self-compassion	72/111	1	72/111	95/2	09/0	10/0	38/0
Marital burnout	54/3	1	54/3	21/8	008/0	24/0	79/0
Emotional intimacy	57/162	1	57/162	36/5	03/0	22/0	59/0
Psychological intimacy	45/280	1	45/280	01/12	003/0	39/0	91/0
Rational intimacy	58/482	1	58/482	59/20	001/0	52/0	99/0
Sexual intimacy	27/453	1	27/453	80/33	001/0	64/0	99/0
Physical intimacy	47/10	1	47/10	22/0	64/0	01/0	07/0
Spiritual intimacy	23/17	1	23/17	19/0	67/0	01/0	06/0
Aesthetic intimacy	62/491	1	62/491	26/11	003/0	37/0	89/0
Social-recreational intimacy	82/25	1	82/25	42/0	53/0	02/0	09/0

### Discussion and conclusion

The first hypothesis of the research suggests that there is a significant correlation between the adjusted averages of self-compassion in the wives of addicts in the experimental group compared to the control group. Covariance analysis of self-compassion components has been used to test the hypothesis. It can be seen that there is a significant correlation between the adjusted averages of the components of self-love, self-judgment, isolation, and mindfulness of audiences according to group membership (experimental group and control group) in the post-test phase after removing the effect synchronous variables on the dependent variable. But there is no significant mean difference between the components of common humanity, extreme assimilation, and self-compassion. Therefore, research hypotheses about acceptance and commitment-based treatment on increasing self-compassion (self-love, self-judgment, common humanity, isolation and mindfulness, extreme assimilation, and self-compassion) were accepted in the families with addicts for the components of

self-love, self-judgment, isolation, and mindfulness, but they were rejected for components of common humanity, extreme assimilation. A healthy intimate relationship is a relationship in which two people are connected and dependent on each other in such a way that this dependency gives them meaning both as individuals and as a couple and makes it fruitful and lively. A healthy intimate relationship is a relationship in which two people are dependent on each other in such a way that this dependency gives them meaning both as single and as a couple and makes it fruitful and lively. In a study, Sun et al. (2016) said that people who have a higher self-compassion show more positive behaviors in their relationships. Another step in self-compassion is to consider when a person begins to think judgmentally about themselves and their actions. In certain circumstances, people not only react to their difficult and unaccepting feelings and thoughts by resistance but also intensify their pain and discomfort by judging themselves according to such feelings. Because these negative emotions are conditioned, judgmental behavior is also conditioned. A kind of action of self-compassion can be that a

person observes these judgments and shows affection and empathy towards them without being involved in these judgments. This action is the process of cognitive defusion. The purpose of defusion was to increase the connection with the thinking process and reduce the power of the products resulting from those thoughts. Therefore, self-judgment was significant with this technic. Hypothesis 2 states that there is a significant difference between the average scores of marital burnout in the treatment group and the control group in the post-test phase. The results of the covariance analysis used to test this hypothesis show that the difference in the adjusted averages of marital burnout scores in the experimental group in the post-test phase is statistically significant. That is, the acceptance and commitment therapy had a significant effect on the adjusted mean of marital burnout in the post-test stage. The findings of the present study are compatible with Shawani, Zaharakar, and Rasouli (2016) and Ellis et al. I (2016).

The third hypothesis states that the intervention based on acceptance and commitment has the effect of increasing intimacy (emotional intimacy, intellectual intimacy, psychological intimacy, spiritual intimacy, physical intimacy, aesthetic intimacy, and social-recreational intimacy). The results of covariance analysis to test this hypothesis show that the difference in the adjusted averages in the test group is statistically significant in the post-test stage. That is, this treatment had a significant effect on the adjusted averages of the components of emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, and aesthetic intimacy of the audiences in the post-test stage, but this means differences are not significant between the components of physical intimacy, spiritual intimacy, and social intimacy. Therefore, hypothesis 3: treatment based on acceptance and commitment affects increasing intimacy in the families with addicts is accepted for the components of psychological intimacy, spiritual intimacy, and aesthetic intimacy, but it is rejected for the components of physical intimacy, spiritual intimacy, and social-recreational intimacy. Close and intimate relationships are often closely related to experiences that are considered negative and must be controlled. Countless mental and physical experiences occur in an intimate relationship, which the parties consider unwanted and uncomfortable or even threatening and harmful. Most people use all their skills to avoid these negative feelings, thoughts, and memories. Avoiding unpleasant emotions will be problematic in the long term period. The problems begin when the individual's sensitivity to these unpleasant experiences increases, and he engages in patterns of aggression and avoidance. He (she) gradually runs away from any similar situation to avoid getting into unnecessary conflict and pain and suffering, and such behavior ultimately damages their relationship. Acceptance is an alternative to experiential avoidance. In the ACT

therapeutic method, the concept of acceptance, instead of returning to a belief or state of mind, refers to a behavior that includes actively and consciously accepting personal events without trying to change their form or frequency (Joens et al., 2017).

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