Rahman Institute of Higher Education

Journal of Modern Psychology

Research Paper: The Effectiveness of Acceptance and Commitment Therapy on Marital Conflict and Quality of Life in Veterans of the Iran-Iraq War

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Citation: Shahhosseini Tazik, S., Haghighimanesh, H., Hojjatpanah Montazeri, A., Arghabaei, M., Allahyari, S. (2022). The Effectiveness of Acceptance and Commitment Therapy on Marital Conflict and Quality of Life in Veterans of the Iran-Iraq War. *Journal of Modern Psychology, 2*(3), 48-60. https://doi.org/10.22034/jmp.2023.406001.1064

https://doi.org/10.22034/JMP.2023.406001.1064

Article info:

Received date:
19 Apr. 2022
Accepted date:
28 Jun. 2022

Keywords:
Acceptance and Commitment Therapy, Marital conflict, Quality of life, Veterans of the Iran-Iraq war

Abstract

The aim of this study was to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) on marital conflict and quality of life in veterans of the Iran-Iraq war. The research was a quasi-experimental design using pre-test and post-test with a control group. The statistical population of this study included all veterans who referred to the counseling center of the Foundation of Martyrs in Mashhad in 2022. Using purposive sampling based on the initial questionnaire scores, 30 individuals were selected and randomly assigned to two groups of 15 participants, experimental and control. Kansas Marital Conflict Scale (KMCS) and the World Health Organization Quality of Life (WHO-QOL-BREF) questionnaire were used to measure marital conflict and quality of life, respectively. One-way and multivariate analysis of covariance tests were used for data analysis. The results showed that ACT was effective in reducing marital conflict (P=0.001, F=15.993) and improving quality of life (P=0.001, F=67.934) in the research sample. These findings suggest that Acceptance and Commitment Therapy can be used to reduce marital conflicts and improve the quality of life of veterans in clinical settings.

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1. Introduction

One of the devastating and harsh consequences of the war for its survivors is the physical and psychological damages that will stay with them for the rest of their lives. These damages not only affect these individuals but also create problems for their families as it will impact their interactions and lead to arguments and conflicts that will reduce their quality of life (Sadeghi et al., 2014). Therefore, it can be expected that veterans of the Iran-Iraq war will also have their quality of life affected due to the aforementioned damages.

Quality of life is a feature that is widely used in the evaluation of clinical and social interventions, treatment effects, and diseases, and its use is increasing day by day (Shah et al., 2011). Lin et al. (2017) define the quality of life as the determining factors of health, happiness, education of social achievements and intelligence, freedom of action, justice, and absence of oppression. In fact, the quality of life is defined as an informed cognitive judgment about an individual's satisfaction with life, which is why when a person experiences physical problems, physical symptoms, treatment prediction, treatment regimen, and related issues can have a significant impact on their overall perception of life satisfaction (Azimi & Bajalan, 2014).

Evidence shows that approximately half of modern marriages end in divorce. After divorce, approximately 65% of women and 70% of men are likely to remarry, and about 50% of people who have remarried will divorce again (Young & Long, 2014). On the other hand, currently, forty percent of referrals to mental health centers are due to marital conflicts (Bodneman, 2014).

Marital conflict is any kind of conflict over power bases and resources that arises to eliminate the other party's credits and increase their own credits (Dattilio, 2012/2019). Montgomory (2002; as cited in Hosseini Nasab et al., 2010) defines marital conflict as an interactive process in which one or both spouses feel uncomfortable about aspects of their relationship and strive to resolve it in some way. According to various definitions, it can be said that "conflict is an open struggle between at least two interdependent parties who make goals incompatible, resources scarce, and the other party's intervention in achieving their goals unwarranted" (Wilson et al., 2017). Conflict is an inevitable part of family relationships. The closer the relationships, the greater the likelihood of interpersonal conflict. To have dynamic relationships and a calmer home atmosphere, conflicts must be resolved in an appropriate manner (Sommers-Flanagan & Sommers-Flanagan, 2018).

Afzalur Rahim et al. (1999) identifie five styles in his conflict resolution theory, including dominating style, integrative style, obliging style, avoiding style, and compromising style. The competitive style tends to be aggressive and uncooperative. In the collaborative style, the individual acts very decisively to achieve goals, but also has a high level of concern for others. The compromising style, which lies midway between aggressiveness and collaboration, is more explicit than the avoiding style, but does not lead to problem resolution as much

as the collaborative style. Passive and non-explicit behaviors are characteristic of the "avoiding style" in conflict resolution. In this style, the individual is not concerned with their own or others' concerns. Non-explicit and collaborative behavior is indicative of the "flexible style" (Mahmoudpour et al., 2020). In this style, the individual sets aside personal concerns to satisfy the desires and needs of others (Wagner et al., 2019).

Studies have shown that cohabitation, adaptation, and intimacy with each other have a significant impact on the health of couples (Kyeong et al., 2019). Married women may experience problems and conflicts in their marriage due to various reasons, such as emotional abuse, lack of physical intimacy, or when work problems lead to spending less time with their spouse, resulting in a decrease in marital intimacy and dissatisfaction (Feeney & Karantzas, 2017). As research has shown, marital conflict and its resolution style have a significant relationship with marital intimacy and romantic relationships in couples (Weisskirch & Delevi, 2013).

Various approaches have been proposed to reduce marital conflict and improve the quality of life, and one of the effective approaches in the field of mental health and well-being is Acceptance and Commitment Therapy (ACT), which was developed in 1986 by Hayes. This approach is a third-wave behavioral therapy that explicitly accepts changing thoughts and feelings rather than changing their content or frequency (Harris, 2012/2018). This therapy has six central processes that lead to psychological flexibility. These six processes include acceptance, defusion, self as context, present moment awareness, values, and committed action (Zhang et al., 2018).

ACT therapy is one of the recent expanded models whose key therapeutic processes differ from traditional cognitive-behavioral therapy. Its foundational principles include: 1. Acceptance, or willingness to experience pain or other distressing events without attempting to control them, and 2. Value-based action or commitment to action as meaningful personal goals rather than eliminating unwanted experiences in interactions with others and nonverbal attachment in a way that leads to healthy functioning. This approach includes experiences and exercises based on confrontation, linguistic metaphors, and methods such as mindfulness (Hayes et al., 1999).

This therapy allows clients to increase their psychological flexibility by accepting internal experiences, adhering to their values, and reducing experiential avoidance, leading to a reduction in depressive symptoms (Levin et al., 2017). Various studies have shown the impact of Acceptance and Commitment Therapy on psychological well-being (Wersebe et al., 2018), quality of life (Mohammadi et al., 2018), and marital conflicts (Shokraneh Arzanaghi et al., 2019). Alongside the studies conducted in different groups, given the importance of the role of the quality of marital relationships in the individual and interpersonal health of veterans and their quality of life, the necessity of intervention to reduce their conflicts and improve their quality of life has emerged as a question in this study: Is Acceptance and

Commitment Therapy effective in reducing marital conflicts and improving the quality of life of veterans of the Iran-Iraq war?

2. Method

This study was conducted as a quasi-experimental pretest-posttest design with a control group. The statistical population of this study included all veterans who referred to the counseling center of the Martyrs and Veterans Foundation in Mashhad city during the second quarter of 2022. Using purposive sampling and based on the relevant questionnaire scores, 30 individuals were selected as the statistical sample. Then, they were randomly assigned to two groups of 15, experimental and control. Inclusion criteria were the ability to read and write, being a veteran, willingness to participate in therapy sessions, and having marital conflicts. Exclusion criteria were simultaneous participation in other therapeutic programs and lack of willingness or informed consent to participate in the study. To analyze the data, one-way ANCOVA and MANCOVA tests were used with the help of SPSS-22 software.

2. 1. Instruments

Kansas Marital Conflict Scale (KMCS): This questionnaire was developed by Eggeman et al. (1985) and consists of 27 items that measure marital conflict between couples. The questionnaire is scored on a 4-point Likert scale, with options ranging from "Never," "Rarely," "Sometimes," to "Almost Always," corresponding to scores of 1, 2, 3, and 4, respectively. The questionnaire was standardized on 385 young couples in Manhattan, Kansas, USA. The reliability of the questionnaire was determined using Cronbach's alpha coefficient, yielding a value of 0.98. In Iran, the reliability evaluation of the questionnaire was conducted on 300 married individuals referred to pre-divorce counseling centers in Rafsanjan city, using the Cronbach's alpha coefficient. The results indicated that the Cronbach's alpha of the questionnaire exceeded the minimum acceptable threshold of 0.70 (Amrollahi et al., 2013; cited in Javdan et al., 2018). In the present study, the reliability was obtained using Cronbach's alpha coefficient, yielding a value of 0.86.

World Health Organization Quality of Life (WHO-QOL-BREF): This questionnaire was designed by the World Health Organization (2004) to assess quality of life.The short form of this questionnaire consists of 26 items and evaluates four domains of physical health, mental health, social relationships, and environmental health through 24 questions (with 7, 6, 3, and 8 questions, respectively). The Cronbach's alpha coefficients for the four domains of physical health, mental health, social relationships, and environmental health were 0.77, 0.74, 0.81, and 0.78, respectively, and the overall quality of life score was 0.80. In Iran, Nejat et al. (2006) adapted this scale for a sample of 1167 individuals. They obtained reliability coefficients using Cronbach's alpha for the healthy population in the domains of physical health (0.70), mental health (0.73), social relationships (0.55), and environmental relationships (0.84). They also reported a test-retest reliability coefficient of 0.70 after a 2-week interval and reported its

structural validity. In the present study, the reliability coefficient for the overall quality of life scale was obtained using Cronbach's alpha, yielding a value of 0.83.

Table 1 provides a description of the acceptance and commitment therapy sessions based on the Acceptance and Commitment Therapy treatment protocol (Hayes et al., 2019).

Table 1

Description of Sessions of Acceptance and Commitment Therapy protocol (Hayes et al., 2019).

Session Number	Session Objective
Session 1	Introduction and establishing rapport among group members, providing preliminary information, conceptualizing the problem, and preparing the participants. Providing information about the role of veterans' traumas in marital conflicts and quality of life.
Session 2	Introducing concepts of Acceptance and Commitment Therapy (psychological flexibility, psychological acceptance, mindfulness, cognitive defusion, self-as-context, personal story, values clarification, and committed action), discussing participants' experiences, and evaluating them.
Session 3	Mindfulness training (emotional awareness and mindful observation), teaching participants descriptive skills and how to use them, their functions, non-judgment, and staying focused. Also, utilizing the relaxation technique by members when increasing responsibility and commitment, addressing control as a measurement problem.
Session 4	First, focusing on increasing psychological awareness, and then, instructing individuals on how to appropriately respond and confront their cognitive experiences and create social life goals and practical commitment. Reviewing members' positive and negative aspects and weakening self-concept and expressing the true self without any judgment or emotional reaction, and behavioral commitment.
Session 5	Teaching tolerance of uncertainty and reducing marital conflicts, increasing tolerance and responsibility (skills in crisis management, redirecting attention, self-soothing using the six senses, and practicing mindfulness). Reviewing previous sessions and providing feedback among members.
Session 6	Emotion management training (the goals of this training, understanding the importance of emotions, recognizing emotions, increasing positive emotions (changing emotions through opposite action to recent emotion, practical exercises of learned skills, providing feedback through the group and therapist).
Session 7	Increasing individual and interpersonal effectiveness, teaching interpersonal skills (description and expression, asserting oneself and having courage, overt confidence, negotiation, and self-esteem). Assessing performance, introducing the concept of values, and highlighting the risks of outcome-oriented focus.
Session 8	Understanding the nature of willingness and commitment, recognizing and determining appropriate patterns of action aligned with our values ,concluding remarks..

3. Results

In this study, first, a descriptive analysis of the findings (mean and standard deviation) was conducted, followed by an inferential analysis (multivariate analysis of covariance, MANCOVA) assuming homogeneity of within-group variances using the Levene's test, and normality of data distribution using the Shapiro-Wilk test.

Table 2

Descriptive Indices of Research Variables in the Experimental and Control Groups Before and After the Intervention

Variables	Group	Pre-test Mean	Pre-test Standard Deviation	Post-test Mean	Post-test Standard Deviation
Marital conflict	Experimental	97.50	2.72	46.65	2.69
	Control	83.52	3.16	78.95	3.54
Physical health	Experimental	16.50	1.06	28.90	1.41
	Control	18.75	1.66	21.65	1.83
Mental health	Experimental	11.15	1.56	24.15	1.08
	Control	14.90	6.68	20.50	1.43
Social relationships	Experimental	11.55	0.82	11.55	0.87
	Control	8.60	1.14	8.60	1.19
Environmental health	Experimental	14.00	1.29	30.70	1.80
	Control	20.30	2.29	20.75	1.94
Quality of life	Experimental	54.50	3.42	101.97	3.51
	Control	68.75	8.35	76.05	3.37

Based on the data in Table 2, the comparison of the mean scores of marital conflict and the quality of life and its subscales in the two groups before and after the intervention suggests that the mean scores of the experimental group have changed more compared to the control group in the post-test phase.

The Shapiro-Wilk test was used to examine the normality of the scores, and the results showed a significant level higher than 0.05 for all variables. Therefore, the assumption of normality of the scores is valid. The Levene's test was also used to examine the homogeneity of variances, and the results showed a significant level higher than 0.05, confirming the assumption of homogeneity of variances.

Table 3

Results of multivariate analysis of covariance in the two research groups

Test Name		Value	F	Hypothesis df	Error df	Significance Level	Eta Squared
Group	Pillai's trace	0.611	[a]15.462	3	23	0.0001	0.551
	Lambda Wilks	0.434	[a]15.462	3	23	0.0001	0.551
	Hotelling's Trace	1.321	[a]15.462	3	23	0.0001	0.551
	Largest Root Error	1.439	[a]15.462	3	23	0.0001	0.551

The results in Table 3 indicate that the significant levels of all tests suggest that the use of the multivariate analysis of covariance (MANCOVA) is permissible. These results demonstrate that there is a significant difference in at least one of the dependent variables between the research groups. Eta squared indicates that the difference between the two groups, based on the dependent variables as a whole, is significant, and the magnitude of this difference is 0.50, which means that 50% of the variance related to the difference between the two groups is due to the interaction of the dependent variables.

Table 4

Summary of the results of multivariate analysis of covariance on the effect of acceptance and commitment therapy on marital conflict and quality of life in veterans.

sources of variations	SS	df	MS	F	Sig
Marital Conflict	1475.379	1	1475.379	158.993	0.001
Quality of Life	595.391	1	595.391	67.934	0.001
Marital conflict	334.041	26	8.980		
Quality of Life	323.753	26	9.735		
Marital conflict	200278	30			
Quality of Life	329730	30			

As can be seen in Table 4, since the F-value for the variable of marital conflict (P = 0.001, F = 993.158) and quality of life (P = 0.001, F = 934.67) is significant at the level of $\alpha = 0.01$, it can be concluded that acceptance and commitment therapy is effective in improving marital intimacy, reducing marital conflict, and improving the quality of life in veterans.

Table 5

Results of One-Way ANCOVA analysis of the effect of Acceptance and Commitment Therapy on marital conflict

Source of Variation	SS	df	MS	F	Sig	Effect Size
Pre-test	0.060	1	0.060	0.003	0.879	0
Independent variable	3214.172	1	3214.172	319.524	0.001	0.909
Error	375.430	27	2159.429			
Total	221287	30				

Based on the results in Table 5, since the value of F for the variable of marital conflict (001/0 = P 524/319= F) is significant at the level of 001/0 = α, it can be concluded that acceptance and commitment therapy has an effect on marital conflict in veterans.

Table 6

Summary of results from the multivariate analysis of covariance for the effect of acceptance and commitment therapy on quality of life in veterans.

Index of Source of variation		SS	Df	MS	F	Sig
Group effect	Physical health	77.310	1	77.310	34.372	0.002
	Mental health	22.003	1	22.003	10.091	0.001
	Social relationships	17.450	1	17.450	-10.991	0.002
	Environmental health	166.172	1	166.172	36.976	0.001
Error	Physical health	66.468	24	1.969		
	Mental health	43.460	24	1.826		
	Social relationships	12.321	24	0.976		
	Environmental health	63.762	24	2.323		
Total	Physical health	22792	30			
	Mental health	27614	30			
	Social relationships	4230	30			
	Environmental health	28592	30			

Based on the results in Table 6, because the value of F for the physical health variable (0.002/34.372 = F), mental health (0.001/10.091 = F), social relationships (0.002/10.991 = F), and environmental health (0.001/36.976 = F) are all significant at the level of α = 0.05, it can be concluded that acceptance and commitment therapy has an effect on the quality of life and its subscales in veterans.

4. Discussion

The present study examined the effect of acceptance and commitment therapy on marital conflict and quality of life in veterans

of the Iran-Iraq war. The results showed a significant impact of this therapy on reducing marital conflict and improving the quality of life of veterans.

The first part of the conclusion relates to the effect of ACT on marital conflict. The findings of this study showed that this therapy leads to a reduction in marital conflicts in the sample group. In this regard, Shokraneh Arzanaghi et al. (2019) found in their study that acceptance and commitment therapy is effective in coping strategies of couples, emotional awareness, and dimensions of marital conflict. This therapy has reduced marital conflicts. Maazinezhad et al. (2021) also showed in their study on the concurrent effectiveness of couples' education based on acceptance and commitment therapy (ACT) and imagery therapy on managing marital conflict that educating couples based on ACT and imagery therapy is effective in managing marital conflicts. Moreover, the results indicated that educating couples based on ACT is more effective in the dimensions of family and kinship relationships, while educating couples based on imagery therapy is more effective in the emotional dimension. No significant difference was observed between these two methods in other dimensions of conflict management. Brown et al. (2018) also found in their study on the effectiveness of acceptance and commitment therapy in improving psychological distress, psychological flexibility, self-confidence in behavior management, and conflicts in couples with children with acquired brain injury that this therapy is effective in reducing marital conflicts, which is consistent with the results of the present study. In explaining this result, it can be said that, due to the heavy trauma experienced by veterans as a result of the war and repeated attacks, it is natural for them to have less emotional stability, which can affect their marital relationship at any moment and cause unrest and arguments with family members, creating conflicts. On the other hand, since acceptance and commitment therapy focuses on reducing conflicts and creating agreements and teaching compatible ways of married life instead of managing conflicts, it emphasizes discovering values and how to create a meaningful life for oneself and one's spouse by creating personal values. In this way, couples pay attention to all their life experiences to find more effective ways of living. Acceptance and commitment therapy encourages individuals to accept cognitive processes as a necessary and real function for psychological adaptability and, consequently, reduces negative cognitive patterns in individuals. This therapy enables individuals to manage difficult and crisis situations more effectively (Lamar et al., 2014).

In the second part of the conclusion, the effectiveness of acceptance and commitment therapy (ACT) on the quality of life of veterans was discussed. The results of this study showed that ACT-based therapy is effective in improving the quality of life and its subscales in veterans. This finding is consistent with the study by Ghare baglo and Ahangar (2022) and inconsistent with the study by Narges et al. (2016). It can be explained that veterans face numerous challenges after the war, including the loss of

friends and comrades, injuries resulting from chemical attacks, and the potential stress resulting from their experiences during the war, all of which can reduce their quality of life. Mindfulness, which is a key component of ACT, is a predictor of self-regulatory behavior and positive emotional states (Gaudiano et al, 2010). ACT, which is a combination of mindfulness and acceptance, teaches individuals to represent the objects of life that are beyond human control through breathing and thinking, so they can see these challenges without judgment and avoid them. By seeing these challenges and difficulties without judgment, the resulting pain will be lessened, leading to improved psychological and social well-being and individual adaptability, which ultimately improves the quality of life. ACT helps veterans to accept their life conditions, express their negative thoughts and emotions clearly, and thus have higher flexibility in different life situations, improving their quality of life from different angles. It is recommended to hold ACT-based educational courses during recreational tours for veterans who have experienced difficult conditions to help them resolve their marital conflicts and improve their quality of life, given the limitations such as the difficulty of coordinating and conducting sessions with this group of individuals.

5. Conclusion

In conclusion, the results showed that acceptance and commitment therapy reduces marital conflicts in veterans, which leads to improved marital relationships and quality of life. Based on the results, it can be concluded that acceptance and commitment therapy is an effective and useful treatment for this group of individuals in clinical settings.

Acknowledgement

The researchers thank all participants who have taken part in the present study.

Conflict of interest

The Authors declare that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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