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The Effectiveness Of Commitment-Based Group Therapy And Acceptance Of Marital Intimacy And Symptoms Of Psychosomatic Disorders In Spouses Of People With Obsessive-Compulsive Disorder

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Abstract

Introduction: Psychological disorders, in addition to involving the affected person, other family members, especially their spouses, also affect the consequences of which marital problems are one of these cases. The aim of this study was to evaluate the effectiveness of treatment based on acceptance and commitment to marital intimacy and the symptom of psychotic disorders in women with spouses with obsessive-compulsive disorder and practical.

Method: 30 women with a wife hospitalized in IbnSina Hospital in Mashhad with the diagnosis of obsessive-compulsive disorder and practical, using the targeted sampling method, randomly and taking into account the criteria for entering the research, in two experimental groups and Witnesses were placed. Questionnaires on psychotic symptoms and marital intimacy were administered to sample members in two stages, pre- and post-test. The members of the experimental group received ten sessions of group therapy based on acceptance and commitment, and during this time there was no intervention for the members of the control group. Data were analyzed using one-way analysis of covariance at the level of 0.05.

Results: The results of data analysis showed that the mean marital intimacy and psychotic disorder symptoms in women in the experimental group were significantly different from those in the control group ($P < 0.001$).

Conclusion: These findings indicate the importance of paying attention to the cognitive and emotional functions of family members of people with mental disorders, especially their spouses.

Keywords: Obsessive-compulsive disorder, spouses, marital intimacy, psychological symptoms

Introduction

Obsessive-compulsive disorder (OCD) usually begins in childhood or early adulthood and often has a severe chronic negative effect on a patient's psychosocial and occupational functioning [1]. This disorder is classified as an anxiety disorder characterized by disturbing thoughts (obsessive thoughts) and unwanted repetitive behaviors (obsessive actions). This disorder is considered one of the most common and debilitating psychological disorders. After phobia, substance abuse and depression is the fourth most common psychological disorder, and its prevalence is estimated to be 2.6% during life[2].

Obsessive-compulsive disorder often has a wide-ranging impact on life and family relationships. Family members of obsessive-compulsive disorder patients are often embarrassed by the patient's obsessive-compulsive behaviors [3]. ultimately Both stigma and hiding from social relationships can lead to social isolation and jeopardize the psychological well-being of family members, especially the spouses of sufferers [4]. They consider the high correlation of

obsessive-compulsive disorder with psychosomatic disorders [5]. Since the family members of these patients, especially their spouses, are prone to mental disorders [6]. it can be said that One of the most obvious problems for the spouses of people with obsessive-compulsive disorder is the occurrence of psychosomatic symptoms.Given that women are exposed to two major groups of stressors, namely stressors arising from biological identity and professional responsibilities [7], they are more prone to physical and mental disorders. They react to this disorder in various ways, such as physical illnesses, chronic headaches, and vague pains over the body and legs. They have a history of seeing a neurologist, internal medicine specialist, and rehabilitation specialist [5]. A *psychotic disorder* is a condition in which psychological distress negatively affects physiological function. This disease is dysfunction or structural damage in the body's organs that is caused by improper and involuntary activation of the nervous system and biochemical response [8]. However, it is clear that any physical illness resulting from this disorder has a specific psychological and emotional background. On the other hand, these disorders involve interactions between the mind and the body. The brain sends various messages in ways that are not yet known that affect a person's consciousness and indicate a serious problem in the body. On the other hand, some psychological or cerebral mechanisms have caused minor or unrecognizable changes in the nervous system that lead to these diseases [9]. The results of global studies show that the prevalence of psychosomatic disorders is contradictory and varies depending on gender, cultural, racial factors and at different social and economic levels [10]. Stress as a mediator between the individual organism and stressors is the primary key in this disorder. It causes various physical disorders in people according to their abilities and conditions [11].

On the other hand, the obsessive-compulsive disorder affects couples' relationships in different ways and can be one of the biggest challenges for a partner. The spouses of patients with obsessive-compulsive disorder are generally under pressure. They often describe their life situation as challenging and stressful [12], and it has been determined that one of the spouses has a mental disorder. Divorce will be expected [13]. Spouses of patients with obsessive-compulsive disorder are at risk for these social challenges in their daily lives, which is likely to affect their relationships. One of the factors affecting the quality of marriage is intimacy in marriage, which is a determining factor for having effective marital and family relationships [14]. It is believed that all human beings have a fundamental need to establish intimate relationships, and therefore, intimacy is considered a basic psychological need [15]. Intimacy has multiple elements and is a function of a staged pattern that begins with rational intimacy, dialogue, and self-disclosure, and transitions from physical intimacy to emotional intimacy, availability, support, emotional expression, etc. Mutual sensitivity leads [16]. Intimacy in a marital relationship is associated with emotional, emotional, and social aspects that are based on acceptance, satisfaction, and love. When couples are dissatisfied with fulfilling their desires for a good marital relationship, problems related to marital intimacy occur. Falls [17]. In this study, we sought to answer whether the acceptance and commitment-based therapy can significantly improve marital intimacy and reduce the symptoms of psychiatric disorders in women with spouses with obsessive-compulsive disorder?

Method

The present study was based on the purpose of applied research and based on the method of data collection was a quasi-experimental research that was conducted in a pre-test design with two groups. The study's statistical population consisted of all women with sick spouses diagnosed with OCD referred to Ibn Sina Hospital in Mashhad in 1998. Among them, 30 people by purposeful sampling method, while considering the ethical considerations of anonymity of sample members and the authority not to participate in the research process, taking into account the criteria for entering the research, including: no addiction, no divorce, no problem Residence in Mashhad until the end of the intervention period, non-use of psychiatric drugs and informed consent were selected and randomly assigned to experimental and control groups. Then, the first group received 10 sessions of treatment based on commitment and acceptance for 10 weeks, and the control group did not receive any psychological intervention. Research questionnaires evaluated both groups at the beginning and end of the study.

The data collection tools included in the research were the Psychiatric Symptoms Questionnaire: To assess the psychiatric symptoms, the Psychiatric Symptoms Questionnaire was used in a non-clinical setting to assess the psychiatric symptoms. This questionnaire is a self-report type and measures the severity of the psychological symptoms experienced by the individual. It contains 20 substances that are answered on a 5-point Likert scale. Mohr has mentioned the internal reliability of this questionnaire in different studies with different samples between 0.7 and 0.93 [18]. In Iran, Babamiri et al. (2015) reported the reliability of this questionnaire using Cronbach's alpha method of 0.89 and its factor validity as appropriate [19]. Walker and Thompson Marital Intimacy Questionnaire: This 17-item questionnaire was developed by Walker and Thompson (1983)[20]. Each question is scored as never (1), rarely (2), sometimes (3), often (4), often (5), almost always (6) and always (7) and a higher score The sign of more intimacy and the cut-off score of this questionnaire is 60. This questionnaire has a good internal consistency with an alpha coefficient of 0.91 to 0.97 [20]. The reliability of this questionnaire using Cronbach's alpha and question omission method was 0.96 [21]. Kalantari et al. in 2015 also reported the reliability of this questionnaire by Cronbach's alpha method of 0.96.

This questionnaire consists of 11 questions and assesses the needs of intimacy in eight dimensions: emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and recreational-social. Subjects answer each question in a ranking from 1, meaning "there is no such thing" to 10, meaning "there is a great need". Etemadi (2006) obtained the reliability of this questionnaire by Cronbach's alpha test [22]. In addition, Khamseh and Hosseinian (2008) in the reliability studies of each dimension of intimacy were calculated by test-retest method, which for emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social-recreational intimacy, respectively 0.89, 0.82, 0.81, 0.91, 0.80, 0.65, 0.76, 0.51 were obtained and indicated the acceptable reliability of this scale [23]. Table 1 shows the group therapy interventions based on commitment and acceptance for the experimental group.

Table 1. Structure of meetings based on acceptance and commitment

Description	Sessions

First and second week	Review and review the history of the problem of references and its evaluation. Set goals for treatment and that change is possible. Explain the philosophy of intervention based on the ACT approach. The medical contract includes timely attendance and homework.
Third and fourth week	Investigate the interaction of thoughts, feelings, and actions. Creating frustration with previous methods that the person has done. Teaching that any action to avoid or control unwanted mental experiences is Leading ineffective clients to creative frustration Clarifying clients' values.
Fifth week	Continue to clarify values, teach acceptance, change language concepts using allegory.
Sixth and seventh week	Awareness of mental and physical emotions and focus on activities (such as walking, etc.) and emotions. Discuss obstacles and practice exploring the feasibility of value-related activities, processing without judgment exercises related to satisfaction and dissatisfaction with life's sufferings.
Eighth week	Provide an introduction to setting practical goals related to values, paying attention to thoughts and feelings without clinging to its content, giving homework, and getting feedback. Continue to set practical goals related to values. They are expressing differences in values, goals, and needs.
Ninth and tenth week	Continue the discussion about the satisfaction of suffering. Exercises for clarifying values and emphasizing client empowerment. Committed Action with acceptance of mental experiences.

The multivariate analysis of variance (one-way covariance) and Bonferroni post hoc test were used to compare the three experimental and control groups' results. The significance level was also considered 0.05. Calculations were also performed with SPSS software.

Findings

The number of members in each control and experimental group was 15. The table shows the frequency distribution of education and the mean and standard deviation of the age of the sample members by the group.

Table 2: Demographic characteristics of the subjects

Group	**Education**				**Age**	
	High school	**Diploma**	**Associate diploma**	**Bachelor**	**Mean**	**SD**
Experiment	3	4	5	3	36.71	5.22
Control	4	6	3	2	35.44	4.81

According to Table 2, it can be seen that in the experimental group, the post-diploma degree, and in the control group, the diploma degree has the highest frequency. Also, the mean age in the experimental group was 36.71 and in the control group was 35.44. Table 3 also presents the results of the experimental groups in the pre-test and post-test stages.

Table 3 Descriptive statistics of marital intimacy and psychosomatic symptoms

	Measurement time	**Group**	**Mean**	**SD**
Marital intimacy	Pre-test	Experiment	63.85	6.52
		Control	62.21	6.21

	Post-test	Experiment	64.11	5.74
		Control	78.45	4.65
Psychiatric symptoms	Pre-test	Experiment	47.38	7.74
		Control	46.69	8.21
	Post-test	Experiment	46.58	8.14
		Control	36.47	6.61

Table 3 showed the descriptive statistics of marital intimacy variables and psychosomatic symptoms in the experimental and control groups members by pre-test and post-test. Also, before performing the analysis of covariance, the defaults of this test were examined. Shapiro-Wilk test showed that the stress variable was standard in all groups. Examination of regression slope homogeneity between variables is one of the defaults of this test, showed that it is established. It was also observed that the default variance equation was observed. Because marital intimacy is challenged by the declining quality of couples' communication and the negative mentality they have about meeting each other's demands, ACT therapy also believes that controlling personal events generally causes Weakening one's treasure to focus on it is a struggle. One can expect other results through repeated and conscious choices not to engage in that struggle by increasing the range of alternative responses [24]. On the other hand, one of the main destructive factors in marital intimacy is inconsistent cognitions and dysfunctional interactive patterns based on these faulty cognitions [25]. In ACT treatment, the principle is that a behavior change can be expected by changing the reasons for behavior. According to this, commitment is engaging in a process [26] and helping people get rid of mental productions and negative metaphors of events by gaining the necessary awareness of thoughts, feelings, and layers. Psychologically, they can express their thoughts and ideas with others constructively and efficiently [27]. On the other hand, it was found that commitment-based therapy and acceptance could significantly reduce psychosomatic symptoms in the experimental group members compared to control group members. The results obtained by Nasiri et al. (2015), Demiri et al. (2015), Alipour et al. (2011), Sayyaret al. (2019), and Finns et al. (2019) were in line with this finding [28-32].

Table 4. Results of analysis of covariance for marital intimacy variables and psychosomatic disorder syndrome

Variables	**X2**	**df**	**Mean square**	**F**	**P.v**	**ETA coefficient**
Marital intimacy	1765.205	1	1765.205	53.184	<0.001	0.665
Psychosomatic symptoms	1511.128	1	1511.128	45.054	<0.001	0.515

Observing Table 4, it is clear that the results obtained from data analysis show a significant difference between the experimental group's mean in both variables of marital intimacy and psychotic syndrome compared to the pretest (P <0.001). The obtained coefficient of effect also indicates the significant effect of the treatment based on acceptance and commitment on the research variables in the experimental group

members, in comparison with the control group members.

Discussion and conclusion

This study aimed to evaluate the effectiveness of group therapy based on acceptance and commitment on marital intimacy and psychiatric symptoms in women with a spouse with obsessive-compulsive disorder. The findings showed significant effects of the interventions performed on improving marital intimacy in the experimental group compared to the control group. Results obtained by Mansoori (2019) [33], Isa Nejad (2018) [17], Arsalandeh (2017) [16], Khanjani Veshki (2017) [27], Hosseini (2019) [34], and Zahrakar (2019) [35] approved this was a finding. In explaining this finding, it can be said that intimacy as a basic need requires awareness, deep understanding, and acceptance [36] and is associated with emotional and social aspects that are based on acceptance, satisfaction, and love [37]. On the other hand, ACT treatment targets the psychological distress associated with empirical avoidance and fusion. It assumes that to change behaviors based on empirical fusion and avoidance, the context of those behaviors must change [38]. In explaining this finding, the role of stress and stressors in the occurrence of psychosomatic disorders should be mentioned. In fact, these disorders involve interactions between the body and the mind. The brain sends messages in ways that are not yet known, manifesting itself in physical problems by affecting a person's consciousness. In this regard, changes in the neurological immunology of the individual also occur through some brain mechanisms [39]. In other words, psychosomatic disorders refer to the existence of a complex and multifaceted relationship and interaction of biological and physiological backgrounds and talents on the one hand, and environmental and psychological factors and stressors on the other hand. In such a way that psychological pressures act as a mediator between the individual organism and stressors. According to the abilities and conditions of people under stress, it leads to various physical disorders [11]. ACT treatment seeks to help clients experience distressing thoughts by focusing on their inner experiences, understanding the nature of their current dysfunctional lifestyle, and prioritizing values based on their values. They have a foundation in life.

On the other hand, by letting go of their intellectual inhibitions, strengthening the observer's self-conceptualized place, and paying particular attention to internal events and defining values, they achieve cognitive flexibility so that thoughts and Give related processes a positive direction. The study's limitations include targeted sampling and lack of control over some intervening variables such as marital satisfaction, number of children, and duration of marriage of sample members. It is suggested that future researchers examine the effectiveness of this treatment on other components related to the marital area, such as the quality of communication and sexual satisfaction, and compare other treatments with ACT treatment.

References

1. Clark, D. A. *Cognitive- Behevioral Therapy for OCD*. New York, NY 10012. The Guilford Press. 2004, 3-23.
2. Gruner, P., Anticevic, A., &Pittenger, C. Aberrant Causal Reasoning in Obsessive-Compulsive Disorder (OCD). In *Biological Psychiatry;* 2019; (Vol. 85, No. 10, pp. S219-S219). STE 800, 230 PARK AVE, NEW YORK, NY 10169 USA: ELSEVIER SCIENCE INC.

3. Torres, A. R., Hoff, N. T., Padovani, C. R., & Ramos-Cerqueira, A. T. D. A. Dimensional analysis of burden in family caregivers of patients with obsessive-compulsive disorder. Psychiatry and Clinical Neurosciences, 2012; 66(5), 432–441.
4. Baumeister, R. F., & Leary, M. R. The need to belong: Desire for interpersonal attachments as a fundamental human motivation motivational science: Social and personality perspectives; 2000; (pp. 24–49). New York, NY: Psychology Press; US.
5. Zamani, Narges; Abyar, Zulfiqar; Jahangir, Amir Hossein; Badiee, Sima;Zamani, Saeed; Kaboudi, Abbas. The effectiveness of dialectical behavior therapy based on the components of stress tolerance and emotional regulation on depressive symptoms in patients with psychosomatic disorders. Journal of Health Research.2019; 4 (4): 197-202
6. Lebowitz, E. R., Panza, K. E., & Bloch, M. H. Family accommodation in obsessive-compulsive and anxiety disorders: a five-year update. *Expert review of neurotherapeutics*, 2016; *16*(1), 45-53.
7. Jamilian H, Malekirad A, Farhadi M, Habibi M, Zamani N. Effectiveness of Group Dialectical Behavior Therapy on Expulsive Anger and Impulsive Behaviors. Glob J Health Sci. 2014;6(7):116-23.
8. Levenson JL. Editor. Essentials of Psychosomatic Medicine. American Psychiatric Press Inc., 2006.
9. Mahmoudi, Nader; Malikshahifar, Masoumeh. Investigating the relationship between self-esteem and coping strategies of high school students with psychosomatic disorders in Zanjan province. Fourth International Congress on Psychosomatics. Esfahan. Islamic Azad University of Khorasgan Branch. 2012.
10. Creed F, Henningsen P, Fink P. Medically unexplained symptoms, somatisation and bodily distress: developing better clinical services. 1st ed. New york: Cambridge University Press; 2011
11. Riahi, Mohammad Ismail. Relationship between stress level and prevalence of symptoms of psychosomatic disorders in control spouses. Journal of Military Medicine. 2009; 11 (3): 175-182
12. Walseth, L. T., Haaland, V. Ø., Launes, G., Himle, J., &Håland, Å. T. Obsessivecompulsive disorder's impact on partner relationships: A qualitative study. Journal of Family Psychotherapy, 2017;1–17
13. Mojtabai, R., Stuart, E. A., Hwang, I., Eaton, W. W., Sampson, N., & Kessler, R. C. Long-term effects of mental disorders on marital outcomes in the national comorbidity survey ten-year follow-up. Social Psychiatry and Psychiatric Epidemiology, 2017; 52(10), 1217–1226
14. Ghaderi, Z., Refahi, Z., &Baghban, M. Efficacy of training through Emotion-Focused Therapy on Marital Passion. *Hormozgan Medical Journal*, 2016; *20*(1), 60-65.
15. Khodabakhsh, M., Kiani, F., Nouri Tiratashi, I., &Khosto, H. The Effectiveness of Narrative Therapy on Increasing Couples' Intimacy and Its Dimensions: Concepts for

Treatment. *QJ Fam Counsel Psychother*, 2014; *4*(4), 607-31.

16. Arsalandeh, Angel; Habibi, Masoumeh; Salimi, Arman; Shakermi, Mohammad; Davarnia, Reza. The effect of emotion-oriented group therapy on improving the quality of marital relationships and increasing couples intimacy. Zanko Journal of Medical Sciences . 2017; 18 (59): 68-79
17. Isa Nejad Jahromi,Solmaz; DashtBozorgi, Zahra. The effectiveness of behavioral activation therapy on marital intimacy and sexual satisfaction of women during premenopause, Iranian Journal of Health Education and Health Promotion, 2018; 6 (1), 63-71.
18. Mohr GB. The changing significance of different stressors after the announcement of bankruptcy: A longitudinal investigation with special emphasis on job insecurity. Journal of Organizational Behavior. 2000 May;21(3):337-59.
19. Babamiri, Mohammad; Zahiri, Azita; Nisi, Abdul Kazem; Arshadi, Nasrin; Shahravi, Shahriar. Occupational stressors as predictors of psychosomatic symptoms, Journal of Ilam University of Medical Sciences, 2015; 23 (1). 45-55
20. Walker, A. J., & Thompson, L.Intimacy and intergenerational aid and contact among mothers and daughters. *Journal of Marriage and the Family*, 1983; 45(4): 841-849
21. SanaeiZakir, Baqir. Family and marriage scales. Tehran: Besat Publications. 2008.
22. Etemadi, Ozra; Nawabi Nejad, Glory; Ahmadi, Seyed Ahmad; Farzad, Wali Allah. The effect of couple therapy by imagotherapy on increasing the intimacy of couples referring to counseling centers in Isfahan. Journal of Consulting News and Research.2006; 5 (19). 9-22
23. Khamseh, Akram; Hosseinian, Simin. Investigating Gender Differences Between Different Dimensions of Intimacy in Married Students. Journal of Women's Socio-Psychological Studies. 2008; 6 (1). 35-52
24. Twohig, M. P. Acceptance and commitment therapy: Introduction.2012.
25. Dahl, J., Stewart, I., Martell, C. R., & Kaplan, J. S. *ACT and RFT in relationships: Helping clients deepen intimacy and maintain healthy commitments using acceptance and commitment therapy and relational frame theory*. New Harbinger Publications.2014.
26. Kazantzis, N.,Reinecke, M.A., & Freeman, A. Cognitive and behavioral theories in clinical practice. New York: Guilford Press.2010.
27. Khanjani Veshki, Sahar; Shafiabadi, Abdullah; Farzad, Waliullah; Fatehizadeh, Maryam. Comparison of the effectiveness of cognitive-behavioral couple therapy and couple therapy based on acceptance and commitment on marital intimacy of conflicting couples in Isfahan. Knowledge and research in applied psychology. 2007;17 (4). 31-40
28. Nasiri, Safoura; The victim, Mary; Adibi, Peyman. The effectiveness of acceptance and commitment-based therapy on the quality of life of patients with functional

gastrointestinal syndrome. Clinical Psychology. 2015; 7 (4). 93-105

29. Demiri, Hojjat; Nisi, Abdul Kazem; Arshadi, Nasrin; Naami, Abdul Zahra. The effectiveness of comprehensive stress management training on reducing depressive symptoms and general symptoms of psychiatric disorders in employees of the National Iranian Drilling Company. Journal of Health Psychology. 1394; 4 (16). 69-78
30. Alipour, Ahmad; Noor Bala, Ahmad Ali; Yazdanfar, Mahnaz; Informed Harris, Mojgan. The effectiveness of emotional disclosure intervention in reducing stress and inhibition in patients with psychosomatic disorders. Journal of Pars University of Medical Sciences (Jahrom). 2011; 9 (2): 41-47
31. Sayyar, S., Ghanbari, M. R., Omid, A., Scheidt, C. E.,Giveki, R., &Mohammadian, R. Effectiveness of Acceptance and Commitment Therapy on Psychosomatic Symptoms and Mindfulness in Patients With Psychosomatic Disorders. *Practice in Clinical Psychology*, 2019; *7*(2), 79-86.
32. Finnes, A., Ghaderi, A., Dahl, J., Nager, A., &Enebrink, P. Randomized controlled trial of acceptance and commitment therapy and a workplace intervention for sickness absence due to mental disorders. *Journal of occupational health psychology*, 2019; *24*(1), 198.
33. Mansoori, Neda; Rasooli, Aras. The effectiveness of acceptance and commitment group therapy on increasing life expectancy, marital intimacy and reducing marital conflict in women. Psychiatric Nursing.2019; 7 (1): 82-88
34. Hosseini, N., Lau, P. L., & Baranovich, D. L. ENHANCING MARITAL SATISFACTION THROUGH ACCEPTANCE AND COMMITMENT THERAPY: A REVIEW OF MARITAL SATISFACTION IMPROVEMENT OF IRANIAN COUPLES. *International Journal of Education*, 2019; *4*(33), 53-60.
35. Zahrakar, K. The Effectiveness of Group Treatment of "Acceptance and Commitment Therapy (ACT)" on Marital Intimacy of Female Teachers. *Journal of Health Promotion Management*, 2019; *8*(1), 12-20.
36. Yoo, H., Bartle-Haring, S., Day, R. D., &Gangamma, R. Couple communication, emotional and sexual intimacy, and relationship satisfaction. *Journal of sex & marital therapy*, 2014; *40*(4), 275-293.
37. Zerach, G., Anat, B. D., Solomon, Z., &Heruti, R. Posttraumatic symptoms, marital intimacy, dyadic adjustment, and sexual satisfaction among ex-prisoners of war. *The journal of sexual medicine*, 2010;*7*(8), 2739-2749.
38. Sheriff, Mitra; Bagheri, Fariborz; Sadeghi, Mansoura Sadat. The effectiveness of the training program to increase intimacy based on Iranian indigenous culture on marital satisfaction of couples. Journal of Applied Psychology. 2019; 12 (1). 7-24
39. Shabeh, zahrah; Faizi, Awat; Afshar, Hamid; HassanzadehKeshtali, Ammar; Adibi, Peyman. Identification of profiles of psychosomatic disorders and its relationship with psychological

problems in an Iranian adult population. Journal of Mazandaran University of Medical Sciences. 2016; 26 (137): 82-94