

Effects of Acceptance and Commitment Group Therapy on Iranian Couples' Marital Satisfaction in Malaysia

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ABSTRACT

This study investigates the effects of Acceptance and Commitment Group Therapy (ACGT) on marital satisfaction among Iranian, postgraduate married couples residing in Malaysia. The study utilised a true experimental (pretest/posttest, control group) design. Seventy-two students (36 couples) with the lowest scores from the Marital Satisfaction Inventory were randomly selected and randomly assigned into either the experimental or control group to receive either ACGT or no therapy. Subsequently, analyses of covariance (ANCOVA) showed significant differences in marital satisfaction between the experimental and control groups. The current study finds that marital satisfaction showed considerable enhancement after the ACGT, and besides, the effects of ACGT on marital satisfaction were retained

after four weeks. The evaluation of the couples of the ACGT programme was also collected, which appeared to be satisfactory. This study has significant implications for marital satisfaction and counselling practice holistically.

ARTICLE INFO

Article history:

Received: 2 December 2020

Accepted: 13 February 2021

Published: 26 March 2021

DOI: <https://doi.org/10.47836/pjssh.29.1.14>

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Keywords: Acceptance and commitment therapy, couple, group therapy, Iranian, marital satisfaction

INTRODUCTION

Family is one of the main pillars of every society in which the foundation of society in terms of identity, culture and values can be nurtured and preserved (Gladding, 2014). The concept of family in the present study is formed from a marriage.

A healthy satisfactory marriage is established when both partners are fulfilled both physically and spiritually. To survive and satisfy such needs, both partners aim to continuously better understand each other's feelings and needs and collaborate to achieve their common interests and goals. Understanding one another serves as a predictor of marital satisfaction and a lifetime family institution, in particular (Kasapoğlu & Yabanigül, 2018; Mehrabadi, 2006). Hence, it lacks compromise that causes most of the problems and impediments in marital satisfaction.

Many investigative studies have shown that married individuals are happier when they are married than single, widowed, divorced or separated, and even cohabiting individuals (Olson et al., 2010; Rosen-Grandon et al., 2004; Stutzer & Frey, 2006). Kasapoğlu and Yabanigül (2018) stated that happiness and harmony were gained from marriage were linked with a satisfying life, and a higher level of well-being. However, today, the social institution of the family is altered. It is more complex, much like other social units and institutions due to some fundamental changes, such as social transformation, migration, and acculturation.

Moving into a new context is a tense change and can harm marriage and the marital relationship, as well as the family unit (Beck & Beck-Gernsheim, 2004). The resultant outcomes can be distress, marital dissatisfaction, and even divorce or separation for some couples (Beck & Beck-Gernsheim, 2004; Boyle et al., 2008; Goff, 2004; Gold, 2006). Thus, by learning new diverse skills through a reasonable treatment plan, couples can better manage stressful situations (Nourollahi, 2007), and prevent adverse outcomes and enhance their marital satisfaction.

Marital Satisfaction

Marital satisfaction is the foundation of every marital relationship as an essential element in creating a significant marital relationship (Gottman, 2014; Rosen-Grandon et al., 2004; Zakhirehdari et al., 2019) and in preserving a marriage (Previt & Amato, 2003; Trent & South, 2003). According to Greeff and De Bruyne (2000), and Zakhirehdari et al. (2019) marital satisfaction is defined as the states of mind of a couple in marriage based on a higher level of happiness, intimacy, enjoyment, support, mutual understanding, and also on their ability to solve problems and conflicts. However, such an achievement is affected by several sociodemographic and psychological factors including age, income, education, religion, individual character, spousal communication, interaction and sexual relationship (Ashdown et al., 2011; Haris & Kumar, 2018; Greeff & De Bruyne, 2000;

Rosen-Grandon et al., 2004; Slavinskiene & Žardeckaitė-Matulaitienė, 2012). Lower or dissimilarity levels of such factors may lead to marital problems and dissatisfaction.

Marital dissatisfaction and conflicts, nevertheless, are more intensive among migrant couples. A new environment and a new culture and values can affect marital satisfaction and bring additional challenges for the couple. Adjusting to a new environment usually includes significant fluctuations in a couple's roles, routines, and identities (Boyle et al., 2008). Research has indicated that immigrant married couples, married students, in particular, encounter marital difficulties in adapting different values, spending adequate time with their partner, emotional support, and financial responsibilities (Goff, 2004; Gold, 2006; Kline & Liu, 2005). Similarly, increasing marital conflicts and even divorce rates have become a significant concern for Iranian immigrant couples (Akbari, 2008; Andersson et al., 2015; Asadinik, 2009; Azadarmaki & Bahar, 2006). Due to economic difficulties, cultural identities and mostly changes in gender-role attitudes, in contrast with Iranian cultural and religious traditions (Akbari, 2008). Therefore, Acceptance and Commitment Therapy (ACT), as the new practical behavioural approach, is one of the efficacious therapies to help the couples to manage their conflicts and to increase their level of marital satisfaction (Dewane, 2008; Moradzadeh & Pirkhaefi, 2018; Omidi & Talighi, 2017; Peterson et al., 2009).

Acceptance and Commitment Therapy (ACT) for Couples

Acceptance and Commitment Therapy (ACT) is a postmodern behavioural therapy developed by Hayes. In 1982, Hayes fostered this therapy to improve psychological flexibility and empower clients with a more valued life. This aim is accomplished based on the six ACT stages of change including acceptance; cognitive defusion; being present; self as context; values; and behavioural commitment (Hayes, 2004; Hayes et al., 2006).

In the presence of any problematic or disruptive private (psychological or cognitive) event, ACT aims to assist clients to continually select to behave in a manner that is efficacious and to make suitable choices. ACT helps clients think about those events, have attention to their internal experiences and sensations, and actively accept and embrace them the way they are, rather than avoiding such undesirable feelings and thoughts (Forman & Herbert, 2009). Through ACT, clients are enabled to acknowledge their presence and observe unwanted thoughts and feelings. For instance, clients accept their unpleasant thoughts and feelings as usual and perceive them only as harmless and uncomfortable passing events (Hayes et al., 2011).

In the presence of any marital conflict or dissatisfaction, ACT similarly assists couples in observing their behaviours in their relationships, being aware of their reactions to negative relationship cycles (Peterson et al., 2009), and approaching their unwanted thoughts, feelings, and bodily

states. Therefore, couples will learn to accept such thoughts and feelings mindfully and act towards gaining consistency and shared values in their relationships (Harris, 2009). Consequently, by being committed to such behaviours, the couples will decrease their emotional distance and conflicts and enhance their marital satisfaction.

Many researchers have shown that Acceptance and Commitment Therapy is useful for couples (Brown et al., 2015; Capuzzi & Stauffer, 2015; Peterson et al., 2009). These researchers concluded that ACT, as experimental acceptance-based behaviour therapy, could help couples act in ways which reduced their distress and to improve their marital adjustment, intimacy, and satisfaction significantly. Furthermore, the efficacy of ACT has been studied among Iranian couples. Past research showed that ACT had substantially reduced marital conflicts (Arabnejad et al., 2014). Alongside, there is an increase in marital satisfaction and cognitive flexibility (Kavousian et al., 2017; Keyvanpour & Lotfi Kashani, 2014; Moradzadeh & Pirkhaefi, 2018; Omid & Talighi, 2017). Experimental studies by Arabnejad et al. (2014), Kavousian et al. (2017), and Omid and Talighi (2017) indicated that approaching unpleasant thoughts, feelings, identifying goals, and shared values within ACT could result in enhancement of marital satisfaction and assures the positive influence of the treatment in terms of marital satisfaction among Iranian couples.

Similarly, the results of several recent research studies conducted by Azimi and

Dehghani Cham Piri (2020), Farahanifar et al. (2019), Karimzadeh and Salimi (2018), Moradzadeh and Pirkhaefi (2018), and Soltaninejad et al. (2020) found that Acceptance and Commitment Therapy enhanced the quality of the relationship of couples and their marital satisfaction. As a result of such fundamental changes, the couples could increase their intimacy, compatibility, and marital satisfaction while reducing their marital problems and conflicts. Research into Iranian migrant couples' marital relationships in Malaysia indicated that the Iranian couples also face marital conflicts, dissatisfaction, and encounter difficulties. Therefore, the need for different treatments and counselling activities has been highlighted for Iranian couples regarding the need to manage their conflicts and enrich their marital satisfaction (Ahangar et al., 2016; Madanian et al., 2013; Salehy et al., 2013).

ACT in the Group Context for Couples with Marital Conflicts and Dissatisfaction

Practically, it is notably that therapists and counsellors may utilise Acceptance and Commitment Therapy in a group context. Group therapy serves to create a safe environment for growth, whereby couples with the help of a counsellor, discover their internal sources of strength. Once the group establishes cohesiveness, a safe environment for growth is established. At this point, the targets of ACT – being present, accepting undesired thoughts and feelings, connecting with the values of life and being committed – are likely to accrue among all the members. Through such a supportive environment,

the partners are enabled to be mindful of their real feelings without any attempt to solve them and be less fragile about such emotional experiences (Westrup & Wright, 2017).

Mindfulness exercises at the beginning of the group work help facilitate the couples engage with their different senses and feelings, fully present in the session (Eddins, 2014; Westrup & Wright, 2017) and look beyond the content to discover what is happening within them. When this exercise is conducted in the ACT domains, participants can get in touch with their unpleasant thoughts and feelings. The couples may connect back to their inner experience and then observe what emotions were being stirred within them at that moment.

This multilevel treatment enables husbands and wives to resolve interpersonal disputes and maintain their relationship's vibrancy (Coché, 2011). The couples are therefore encouraged to develop a healthier relationship, promote a satisfying relationship, and enhance their intimacy and to lastly prevent future problems to achieve a delightful marriage with a lifetime of loving. Given the trends in previous research, there is a lack of experimental research regarding ACT outcomes in a group format that can enhance marital satisfaction among migrated couples.

Building on the existing literature, it would appear that there has not been any experimental treatment, nor ACT applied for decreasing such conflicts and enhancing marital satisfaction of

Iranian couples in Malaysia. Therefore, the present study addresses such a gap by examining the effects of Acceptance and Commitment Group Therapy (ACGT) on Iranian married couples' marital satisfaction living in Malaysia. The experimental design is believed suitable for the current study because it involved observing the effectiveness of independent variables on a dependent variable. Also known as randomised design, experimental design allocates participants randomly in each experimental and control group (Maxwell & Delaney, 1990). This study involves a quantitative data collection method, with a pretest/posttest control group and follow-up. This study employed a true experimental design to test the following two hypotheses:

1. When ACGT is implemented, the couples in the experimental group who receive the treatment will have a higher level of marital satisfaction than the couples in the control group.
2. When the couples in the experimental group gain higher levels of marital satisfaction after ACGT, the effect will remain until the follow-up four weeks later.

METHODS

Participants and Sampling

The participants in this study were Iranian couples from a public university in Selangor in Malaysia. According to the Iranian Students Association Malaysia (ISAM; 2015), 1760 students enrolled in either the master or PhD programmes. This selected

university has the highest number of Iranian postgraduate students. Inclusion criteria included the participants are postgraduate students, married and lived together, and have been legally married for a minimum of two years. They have to score less than 35 in the Enrich Couple Scales because lower scores represent marital dissatisfaction. The participants agreed to the guidelines, time, place of therapy sessions and working together to the end of the treatment. Exclusion criteria encompassed any current psychiatric treatment.

Data Collection

This study's sampling procedure began through permission as a formal letter from the researcher's university regarding postgraduate student emails from the target university in Selangor. In the next stage, the researchers sent an email to 1532 Iranian students with a general explanation of the research and asked them to reply to the email if they were interested in joining the study and the treatment. The researchers informed interested students that they would receive a test with a standard code for a couple to clarify the husband and the wife. In the end, the researchers explained shortly about their confidentiality as well.

Later, 112 students replied to the email, and, they were requested to answer the ENRICH Couple Scales by email. Of 112 students, 13 had a moderate and high score in ECS (the inclusion criteria was Enrich Couple Scale must be 35 or less); two participants were on divorce process; 11 participants had less than two years legally

married; two participants lived separate (one of the spouses worked in Iran); three participants had psychiatric treatment during that time; nine participants did not agree to join to group therapy because of cultural issues, and some of the husbands did not agree to come in treatment. Seventy-two students (36 couples) were the total number of participants involved in this study.

According to Cohen (1992), an adequate statistical power of research would be certified by its proper sample size. Initially, this sample size was based on prior research which reported that the suitable sample sizes in most study were more than 30, and less than 500 (Sekaran & Bougie, 2016). The researchers used G-Power to ensure an appropriate sample size for this study by considering the sample dropouts during the treatment.

Later, through random assignment, the participants were randomly assigned to experimental and control groups. Random assignment helps to ensure that groups members are equal (Sawilowsky, 2004). By using a blind draw (Schloss & Smith, 1999), the researchers selected the experimental and control groups, blindly from a container containing slips mixed for random distribution throughout the container. The experimental group subjects ($n = 36$) participated in the ACGT, but the control group ($n = 36$) did not receive any therapy. During the experimental group treatment, the control group couples had Research Skills Course under their respective lecturer in another classroom in the university. However, 10 of the clients did not attend one

or more of the therapy sessions or testing. Hence, only 62 participants' data were used in subsequent analyses after that. The absence of one couple for a few classes and one husband's lack during the experiment reduced the experimental group's size from 36 to 32 participants. The loss of three couples reduced the size of the control group from 36 to 30.

ACGT

The intervention used in this research was adapted from different ACT intervention components for individuals and re-designed to apply in group meetings with couples. The intervention's main target was to support couples in observing and accepting feelings and thoughts that had earlier fostered undesirable communication and contributed to dissatisfaction in the relationship and to promote valued living as an alternative plan to managing the conflict.

Since there were no ACT models for group couples, a twelve-session manualised intervention has been designed. The intervention was adapted and improved

upon for the participants of this study (see Table 1), in line with Russ Harris ACT with Love (2009), Peyman Dousti ACT group therapy (Dousti et al., 2019), Peterson's ACT manual for distressed couples (Peterson et al., 2009). The therapy sessions were held for 12 consecutive weeks, one session per week at a specified time and located within the University. The treatment was conducted by a registered professional counsellor who experienced in the ACT. Since currently there is no IRB review board in Malaysia, the 12-session treatment protocol was given and verified by two professional counsellors (registered under the Board of Counsellor Malaysia) who were both also experienced with ACT. The counsellors evaluated and accepted the manual and the outline and format of the treatment programme in each session. Besides, the research proposal and the ethical considerations have received approval from the university research committee. The ACGT session was conducted at the university, and each session lasted about 90 minutes. Table 1 depicted the descriptive treatment of ACGT for couples.

Table 1

Descriptive of treatment of ACGT for couples

Session	Purpose
Session 1: Assessment and Treatment Planning	Guiding clients to know and learn about their feelings, stress, and/or fear as part of the totality of the human experience, to categorise the main factors in marital satisfaction, introduce the treatment plan to them and encourage them to value-driven action in real life.

Table 1 (Continued)

Session	Purpose
Session 2: Evaluating the costs of ineffective relational efforts	Guiding the clients to identify patterns of experimental avoidance and/or experimental control efforts at the cognitive, emotional, and behavioural levels, and to determine the life constraining costs of restraint and control.
Session 3: Creative Hopelessness: Making Space for New Solutions	Through identifying the patterns of experimental avoidance, the purpose of this session is to recognise and establish control efforts as the problem, but not the solution
Session 4: Mindfulness and Acceptance	Introducing acceptance and mindfulness to the clients as a skilful way of approaching their various life experiences.
Session 5: Choosing valued directions	To affirm valued living as an alternative plan for managing conflict.
Session 6: Moving toward a valued life with acceptance, observing self	To help the clients be subsequent in sessions and between sessions exposure exercises and link those exercises to their values and goals.
Session 7: Creating Flexible Patterns Through of Behaviour Value-Guided Exposure	To create broader and more flexible patterns of behaviour, utilising exposure, mindful observation, and diffusion.
Session 8-11: Staying Committed to Valued Directions and Action	To put values into action and learn to be in and with the situations, feelings, thoughts, and other barriers to valued living through continued exposure, mindful observation, and diffusion.
Session 12: Working toward termination	To encourage clients to attend all the sessions and commit to their values to make changes in their relationships, create a valued life, and encourage the clients to keep practising the skills and exercises they learned from the treatment in any of their life's conflicts.

Measure

In the present study, the ENRICH Couple Scales (ECS) was used to assess the couples' marital satisfaction. The ECS was developed by Olson in 1985 and later updated in

2010. It is a 30-item measure with three subscales of satisfaction, communication, conflict resolution on a 5-point Likert scale: 1. Strongly-disagree; 2. Disagree; 3. Undecided; 4. Agree; and 5. Strongly-agree.

This questionnaire had three separate scores calculated as a total score for each scale's total items. Raw scores were converted to percentages (0 to 100 %). A lower percentage represented less marital satisfaction (Very Low: 0 to 15 and Low 20 to 35 percentage).

The alpha coefficient of the ECS for the sub-scales of satisfaction, communication, and conflict resolution was equal to .88, .89, .82, respectively (Olson et al., 2008). As the population of this study was Iranian in Malaysia, the questionnaire was translated into Farsi using the back-translation technique. A pilot study was conducted to establish the reliability of the translated questionnaire and validity from 40 Iranian couples in Malaysia. Then two experts in counselling psychology validated the content of the instrument items. The results showed Cronbach's α for the three sub-scales of satisfaction, communication, conflict resolution were .86, .81, and .83, respectively.

Substantially, ACGT evaluation was utilised to assess the couples' perspective regarding such treatment's overall utility. Also, it was to respond to the statements belonging to different components of the therapy. The researchers prepared this evaluation form, which included 12 items, and each item had three options (Yes, Maybe, and No), as shown in Table 3.

Procedure

After collecting the samples of the study, couples were invited to know about the treatment process. During this meeting, the researchers informed the participants

about the random selection. Half of them would undergo treatment in the first three months and during the experimental group intervention, while the control group had a free Research Skills Course. Next, the researcher gave each couple a handbook which explained about: 1. The time table (time, day, place and duration of each group); 2. The introduction of the professional counsellor who provided the therapy; and 3. The treatment part consists of the importance of attending all the sessions, doing the homework, and being active during the sessions. Each participant was also given a "The Couple Group Agreement" form, which included an informed consent agreement and a confidentiality agreement.

All the participants from both groups took the pretest via email and posttest after ACGT during the final session. The participants were examined through the posttest concerning marital satisfaction via a paper version. During the last session, the researchers prepared a survey and gave an evaluation form to the participants to understand their therapy point of view. After four weeks, a follow-up was conducted among all participants from the experimental group through a delayed posttest of marital satisfaction through email.

By applying the ECS Questionnaire delayed posttest, the researchers could determine whether or not the experimental participants' level of marital satisfaction can be maintained based on the Acceptance and Commitment Group Therapy. If ACGT could be significant concerning couples' marital satisfaction in the experimental

group, the researchers could also suggest the same treatment for the original control group. After the delayed posttest, the control group participants were given the same treatment to benefit from the programme.

Data Analysis

Since the sample size ended up with 62 ($n=32$ in the experimental group and $n=30$ in the control group), the power of analysis was used. According to Cohen (1992), a sufficient sample size guarantees that the research has adequate statistical power and simultaneously guarantees a Type II error decrease. To calculate the statistical power *G* Power – Post hoc* type was used for ANCOVA in three parts: Satisfaction, Communication, and Conflict Resolution. The post hoc results showed power ($1-\beta$ err prob) $> .80$, so satisfaction with 62 participants, α err prob $> .05$ had power analysis in three parts.

The quantitative data was analysed using the Statistical Package for the Social Science (SPSS) for Windows. The normality test was used to assert the normality of the distribution between the control and experimental groups. Descriptive statistics, including mean, median, minimum, maximum, standard deviation, were calculated and presented for all the testing instruments.

Subsequently, the following inferential statistics parametric instruments were used in the study: (1) ANCOVA and (2) REPEATED MEASURED ANOVA. Analysis of covariance (ANCOVA) was used to analyse the subscales' effects between the

experimental group and the control group. At the same time, REPEATED MEASURED ANOVA was used to analyse the difference between the posttest and the delayed posttest (follow up) after four weeks. The rationale of using these two statistics was to examine group differences in the outcome variable at posttest while controlling the pretest scores on the same variable.

RESULTS

Among the 72 participants randomly selected for the research, the final sample included of 62 participants (32 experimental, 30 control). The experimental and control groups did not differ on the pre-test in ECS in three part of Satisfaction, Communication, Conflict Resolution (experimental, $M = 31.00, 31.03, \text{ and } 34.62, SD = 2.60, 2.94, \text{ and } 2.24$; control, $M = 29.00, 29.76, \text{ and } 29.20, SD = 3.07, 3.23, \text{ and } 2.85$; see Table 2).

After the ACGT, the univariate test results showed that there were significant difference on ECS (satisfaction, communication and conflict resolution) post-test scores between the experimental and control groups when pre-test ECS (satisfaction, communication and conflict resolution) scores were treated as covariates. Levene's test, linear relationship, and normality checks were carried out and the assumptions were met. The results revealed significant differences between the experimental and control groups in the satisfaction $F(1, 59) = 21.98, p < .05$ with the effect size of ($\eta^2 = .27$), communication $F(1, 59) = 44.69, p < .05$ with the effect

Table 2

Descriptive statistics for pretest and posttest of experimental and control groups

Measure	Statistics	Experimental Group (<i>n</i> = 32)			Control Group (<i>n</i> = 30)		
		Pretest	Posttest	Follow- Up	Pretest	Posttest	Follow- Up
Satisfaction	M	31.00	33.15	34.03	29.00	30.00	30.00
	SD	2.60	2.55	2.32	3.07	3.11	3.11
	Skewness	-.023	-.149	-.420	-.481	-.561	-.561
	Kurtosis	-0.800	-0.606	-0.132	0.608	1.25	1.25
Communication	M	31.03	34.12	34.62	29.76	29.40	29.40
	SD	2.94	2.66	2.19	3.23	2.76	2.76
	Skewness	.315	-.143	-.130	-.431	-.247	-.247
	Kurtosis	-0.725	-1.00	-0.561	0.675	0.762	0.762
Conflict Resolution	M	34.62	30.46	32.90	29.20	29.96	29.96
	SD	2.24	2.21	1.85	2.85	3.34	3.34
	Skewness	-.007	-.127	-.048	-.482	-.294	-.294
	Kurtosis	-0.623	-0.583	-0.532	1.23	0.605	0.605

size of ($\eta^2 = .43$), and conflict resolution $F(1, 59) = 7.78, p < .05$ with the effect size of ($\eta^2 = .11$). The experimental and control groups differed at post-test in satisfaction (experimental, $M = 33.15, SD = 2.55$; control, $M = 30.00, SD = 3.11$), communication (experimental, $M = 34.12, SD = 2.66$; control, $M = 29.76, SD = 3.23$), and conflict resolution (experimental, $M = 30.46, SD = 2.21$; control, $M = 29.20, SD = 2.85$). The hypothesis about experimental effects at post-test was supported.

The second hypothesis focused on retaining the level of increased marital satisfaction by ACGT among the subjects in the experimental group 4-weeks after

completing the treatment. There was no significant difference on ECS (satisfaction, communication and conflict resolution) posttest and delayed posttest scores in the experimental groups when pretest ECS (satisfaction, communication and conflict resolution) scores were treated as covariates. The results revealed no significant differences between the posttest and 4-week follow-up scores on satisfaction $F(1, 30) = 13.49, p < .05$ with the effect size of ($\eta^2 = .31$), communication $F(1, 30) = 4.21, p < .05$ with the effect size of ($\eta^2 = .12$), and conflict resolution $F(1, 30) = 10.62, p < .05$ with the effect size of ($\eta^2 = .25$). This finding supports the second hypothesis

about the retention of experimental effects after 4-week for the experimental group. The data for ESC (Satisfaction, Communication, and Conflict Resolution) consecutively showed that the subjects in the posttest had a mean of 33.15, 34.12, and 30.46 compared to the subjects in the delayed posttest who had a mean of 34.03, 34.62, and 32.90. The second hypothesis about experimental effects at follow-up was supported.

The results of the evaluation appeared satisfactory in general. Most of the subjects reported that Acceptance and Commitment Group Therapy helped them manage conflict in their marital relationship (87.5%), and their married goals (81.3%). (81.3%) of subjects reported that they could

work more effectively on their marriage problems, understand their issues (78.1%), communicate their thoughts and feelings (87.5%), and handle their emotions and behaviour (84.4%). Besides, (90.6%) of the participants reported Acceptance and Commitment Group Therapy helped them staid in their marriage, and they had healthier relationships with their wife/ husband (87.5%). They also reported the activities were useful (75.0%) and they would recommend this therapy to their friends (78.1%). Finally, (75.0%) of participants were satisfied with the overall group counselling experience.

Table 3
Frequencies and percentages of couples' evaluation

Items	Yes	Maybe	No
1. I feel satisfied in my marriage after therapy.	26 (81.3)	6 (18.8)	0
2. This therapy helped me to manage conflict in a marital relationship with my spouse in this therapy.	28 (87.5)	4 (12.5)	0
3. The activities in this therapy were useful.	24 (75.0)	8 (25.0)	0
4. I'd recommend this therapy to my friends.	25 (78.1)	7 (21.9)	0
5. I made progress toward my marital goals in this therapy.	26 (81.3)	6 (18.8)	0
6. I can work more effectively on my marriage problems.	26 (81.3)	6 (18.8)	0
7. I can better understand my problems/issues.	25 (78.1)	6 (18.8)	0
8. I can better communicate my thoughts and feelings.	28 (87.5)	4 (12.5)	0
9. This therapy helped me stay in the marriage.	29 (90.6)	3 (9.4)	0
10. I feel that I can better handle my feelings and behaviour.	27 (84.4)	5 (15.6)	0
11. I have healthier relationships with my wife/ husband.	28 (87.5)	4 (12.5)	0
12. I am satisfied with my overall group counselling experience.	24 (75.0)	4 (12.5)	4 (12.5)

DISCUSSION

Some Iranian couples in Malaysia are facing marital conflicts and dissatisfaction. Therefore, this study aimed to determine the effects of Acceptance and Commitment Group Therapy (ACGT) on Iranian couples' marital satisfaction living in Malaysia. The results of the current study support the effects of the ACGT on enhancing couples' marital satisfaction. The findings of this study were congruent with previous research by Arabnejad et al. (2014), Azimi and Dehghani Cham Piri (2020), Baruch et al. (2009), Farahanifar et al. (2019), Karimzadeh and Salimi (2018), Kavousian et al. (2017), Keyvanpour and Lotfi Kashani (2014), Moradzadeh and Pirkhaefi (2018), Omid and Talighi (2017), Peterson et al. (2009), and Soltaninejad et al. (2020).

In this study, the significant differences found in the posttest score in marital satisfaction between the experimental and control groups indicated that the Acceptance and Commitment Group Therapy was able to enhance the couples' marital satisfaction. The workability of ACGT was due to psychological flexibilities, which ended in improving the group couples' marital relationships and satisfaction. However, they were facing many conflicts as a result of migration. Indeed, the intervention's content was comprehensive because it covered the six core ACT processes in a group setting, and both wives and husbands together could continually model, instigate, and reinforce them within the sessions. Moreover, the intervention was suitable with culture as naturally accepting and shifting does not

happen successfully in Iranian culture, especially among Iranian men. Studies by Omid and Talighi (2017) and Soltaninejad et al. (2020) had proven that implementing ACT in a group setting was useful for Iranian couples and their relationships and satisfaction increased.

In this study, the increase in marital satisfaction might be first due to the couples having learned about marital happiness and married life effects. Besides, such enhancement might be due to the couples' awareness about unwanted thoughts and feelings as part of the human experience's totality. The couples perceived that they could step back and observe the thoughts and feelings for what they were and could examine the unhelpful thoughts. Based on the ACT, there was a change in the couples' accrue when they began to experience any of their disruptive private events which allowed them to apply defusion. Such defusion disconnects couples from their negative thoughts and reactions and helps them to accept them mindfully. The couples through defusion metaphors and mindfulness practices could observe their negative behaviours and responses in their relationship. Essentially, they decide to not get in contact with their previous experiential avoidance or experiential control efforts at the cognitive, emotional, and behavioural levels, which were rooted in their marital conflicts and dissatisfaction.

The current findings indicated that the increase in marital satisfaction might also be due to couples having recognised their shared values and being committed to acting

consistently with them for goal achievement in their life and marital relationship. Once the couples observed and accepted their unpleasant thoughts and feelings and were enabled to relate to their internal reactions, they focused on their shared values to choose the direction they wanted their lives to take. Through different exercises such as Valued Directions and the Epitaph within the treatment, the couples could clarify the core values in their relationship and contact what they care about in their marital life. Effectively, the act of clarification has helped couples realise the importance of their relationship and sense satisfaction in their relationship. Lastly, couples learning to be committed to having valued lives stepped into experiencing new and flexible behavioural choices in their relationship.

The findings also indicated that the experimental effects were retained for four weeks after the treatment. The efficiency of ACGT in enhancing marital satisfaction lies in its workability over the long run. ACGT produced benefits that lasted long after treatment had stopped. This beneficial effect might be due to the couples' commitment in doing such training exercises because the feasibility of ACT within the couples' daily routine practice can be a significant reason for its long-term effects. The couples in the experimental group focused on their conflicts within a month and could continually observe and accept their unhelpful thoughts and reactions. Therefore, the couples sharing their core values and being committed to acting concerning their mutual goals could increase relational flexibility and thus,

experience more satisfaction during one month after the treatment in their marital life. Although the results showed a slight increase in the scores, imaginably after a longer duration of practice such as three, six, nine and twelve months, higher scores would be obtained. This finding is consistent with the results of the studies by Ghoroghi et al. (2012) and Peterson et al. (2009), in which ACT could be retained and had sustained effects over the long-term.

Consequently, based on the above discussion of the findings, this study supports the efficacy of ACT for enhancing the quality of the relationship of couples and their marital satisfaction just like the results of similar research studies. However, this study's findings show the effectiveness of ACT in enhancing couples' marital satisfaction and offer such effect in a group setting, and specifically among Iranian couples residing in Malaysia. Therefore, this study attempts to bridge the gap in the body of literature regarding the effects of ACGT on marital satisfaction, among Iranian couples in Malaysia. Furthermore, this study proves that ACGT can be useful for Iranian immigrants' population as migration may cause marital conflicts and dissatisfaction. Therefore, ACGT can be applied to similar sample populations in future studies. All these new observations generated through the study results can expand the knowledge and deepen the understanding of Acceptance and Commitment Group Therapy and increase the literature relevant to marital satisfaction and its enhancement among Iranian couples in Malaysia.

CONCLUSION

Practical Implications

This experimental study, which focused on ACGT, has practical implications for counselling. This study has provided empirical evidence supporting the treatment in enhancing marital satisfaction among Iranian married couples residing in Malaysia. This central finding of the study suggests the need for implementing ACT in group meetings with couples. Such treatment can be an approach to be applied for future investigations into marital satisfaction. ACGT is recommended as, through the therapy, couples will be enabled to observe their unpleasant feelings and embrace whatever remains beyond their control. The treatment also creates better affection, patience and modification among couples. It compels practising techniques that increase and improve couples' relationship to enrich their satisfaction with their marriage. In the current study, the treatment protocol was practised within 12 sessions. The description of each session will be therefore useful to outline the process of conducting ACT in groups among couples, for any counsellor or family therapist who may be interested in using ACGT.

The group setting can also effect change at multiple levels and do so simultaneously and therefore, efficiently. In this study, both male and female subjects attended together as a couple, and they gained from ACGT together. Through ACGT, they resolved their interpersonal conflicts and inspired them in other couples in the group. Besides, the group narrowed the gap that existed for the

couples between a perfect marriage and an ideal spouse. They were also able to identify their limited ability to achieve a wonderful marriage for a lifetime of loving. This study suggests the need for implementing ACT in a group setting for the benefit of both counsellors and couples.

Furthermore, this study is a documented record of a research project in Malaysia. Therefore, Iranian and non-Iranian policymakers, counsellors and family therapists in Malaysia can also benefit from such a programme as the results can act as the catalyst for enhancing marital satisfaction and reducing the rate of divorce.

Limitations and Future Directions

This study is restricted by some limitations, although the objectives have been achieved. As far as is known, this research is the first study on the effectiveness of ACGT on marital satisfaction of Iranian couples in Malaysia. Therefore, generalisation is limited as there has been no prior research on this topic, particularly concerning Iranian couples residing in Malaysia. Additionally, the study sample was limited to Master and PhD students with a minimum of two years of marriage. Thus, this study's results cannot be generalised for populations of different academic levels and are married less than two years. This study did not account for other variables such as social class, time since immigration, the number of children, to name a few. Therefore, these may all be confounding to the results of this study.

The couples' personality and behaviours in the group and individual formats might

impact the study's outcome because the changes or coincidental events that accrue cannot be controlled for each couple during the treatment intervention. From one week to another, the couples could face some family issues, financial difficulties, and cultural and social circumstances which could affect them. For instance, there was no control of probability changes in the husbands' mood and behaviours as Iranian men do not readily admit the need for group counselling based on their culture.

Based on this study, pursuing experimental studies on the effect of ACGT on marital satisfaction among Iranian couples in Malaysia is recommended to other researchers by which they can replicate this study on modified and extended lines. Future researchers can extend the sample of participants from more than one university. They can feasibly do a longer follow up to provide more information concerning the impact of ACGT over time. Moreover, future researchers can consider different academic levels and longer or shorter years of marriage or include other variables to evaluate the treatment's efficiency more effectively.

Lastly, several counselling training workshops for awareness of the therapy and its effect on marital life is recommended to be convened. As this research was undertaken in Malaysia among Iranian married couples, having a Centre locally in the Islamic Republic of Iran Embassy in Kuala Lumpur or the related Iranian associations can be suggested to run such workshops.

In conclusion, this study has put research and theory into practice by enhancing marital satisfaction by implementing Acceptance and Commitment Group Therapy (ACGT) among some Iranian couples in Malaysia. Although during the early sessions of the treatment, avoidance was apparent in the communication of the couples, physical intimacy, as well as in expressing their emotions, the implementation of ACT as a new behavioural therapy in a group format could enhance their relational health which was a basic need for them. ACGT was used to weaken and reduce unnecessary suffering and symptoms, which caused the couples to suffer in their relationship because of experiential avoidance.

The results indicated that ACGT had provided viable mindfulness and commitment activities for guiding couples towards enhancing their marital satisfaction. ACGT helped couples to observe their unpleasant thoughts and feelings and taught them to mindfully accept such ideas and act concerning consistence and shared values in their relationship regarding their connection and emotional intimacy. The couples, therefore, became more able and willing to deal with the situations that they avoided before and consequently, they acted and behaved in a way that made them more satisfied with their relationship. Altogether, this study and the remarkable results will spark more research in this area to further understand the effectiveness of ACGT on enhancing marital satisfaction among Iranian immigrant couples in particular.

ACKNOWLEDGEMENT

We thank all the participants for their cooperation in this study.

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