

Evaluation of the effectiveness of cognitive therapy based on acceptance and commitment with a focus on self-compassion on deterministic thinking and positive thinking in couples

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Abstract

Introduction: Considering the decisive role of couples' attitudes and beliefs in the quality of marital relationships and the importance of timely and effective interventions and their promotion, this study aimed to evaluate the effectiveness of cognitive therapy based on acceptance and commitment with a focus on self-compassion on deterministic thinking and positive thinking in couples.

Methods: The research method was semi-experimental with pre-test, post-test design, and follow-up with the control group. The statistical population of this study consisted of all couples referring to counseling centers in Tehran in the first half of 2021. The sample size consisted of 36 people selected by the purposive sampling method and randomly assigned to experimental and control groups. The experimental group received the interventions in an 8-weekly 90-minute group session. The research instruments included Younesi and Mirafzal deterministic thinking scale and Ingram & Wisnicki positive thinking questionnaire. Data were then analyzed using repeated-measures analysis of variance and SPSS-25 statistical analysis software.

Results: The results showed that cognitive intervention based on acceptance and commitment with a focus on self-compassion significantly reduced the deterministic thinking variable ($P < 0.002$) and led to a significant increase in the positive thinking variable. ($P < 0.001$). Follow-up results showed that the effectiveness is stable.

Conclusion: The present study's findings can help to develop effective therapies in the field of couple therapy. It can also be used in premarital education workshops and couple therapy interventions.

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Keywords


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Extended Abstract

Introduction

One of the essential cognitive distortions is deterministic thinking. In this type of thinking, one considers an event equal to something else. Deterministic thinking can be the root of feelings of hopelessness and helplessness (3).

The results of studies show the relationship between irrational beliefs and marital conflicts (4). On the other hand, it seems that many destructive relationships arise due to conflicts and the subsequent negativity of couples, which

is derived from their mental, psychological makeup, and way of thinking (5). Positive thinking is a cognitive process that creates hopeful images and develops optimistic ideas. However, positive thinking does not ignore the need for a realistic appraisal (6).

In the field of couples' cognitive problems, several treatments can be considered. Acceptance and Commitment Therapy (ACT) is mindfulness and value-based behavior therapy that provides a wide range of tools and results in a conscious, value-based practice called psychological resilience (11). Compassion-focused therapy is an integrated and multimodal approach (20) that can be considered in the field of problems related to couples. Engaging with distress and suffering is often difficult; thus, the first psychology of compassion involves a form of strength and courage to do this (22).

Given the ACT's greater focus on recognizing and increasing the CFT's focus on emotions, combining, and integrating these interventions can effectively facilitate emotional balance, break out of the cognitive integration cycle, and avoid the experience of worrying when dealing with disturbing interpersonal situations. With this necessity, the effectiveness of cognitive therapy based on acceptance and commitment with a focus on self-compassion in deterministic and positive thinking of couples was investigated in the present study.

Methods

The present study was a semi-experimental design with pre-test, post-test, and follow-up with the control group. The statistical population was all couples referred to counseling centers in Tehran in the first half of 2021. The sampling method was purposive with random substitution. In the present study, a total of 36 people were selected, and after random assignment, group intervention, with the presence of at least one couple, was performed by the researcher in an 8-weekly 90-minute group ses-

sion. Inclusion criteria referred to a counseling center for couples counseling due to marital conflicts, conscious desire to participate in research, age range 25-45 years, literacy, no mental illness, and no use of interfering drugs. The criteria for diagnosis were clinical interviews by the researcher (clinical psychologist) and self-report. Exclusion criteria were unwillingness to participate in the research, absence of more than two sessions, and not doing homework. Participants had the opportunity to refrain from attending meetings at any research stage. Participants participated in three stages pre-test, post-test, and follow-up (at the end of 2 months). The research instruments included Younesi and Mirafzal deterministic thinking scale and Ingram & Wisnicki positive thinking questionnaire. Younesi and Mirafzal's definitive thinking scale has 36 questions that are scored using the likert 4-point method (1 for the option I strongly agree to 4 for the option strongly disagree). Thus, the higher a person's score on the scale, the more confident he is (34). The Ingram & Wisnicki positive thinking questionnaire is initially written in English and consists of 30 items. Each item is scored using the likert five-point method from (one= never to five= always) (35). In Iran, Mashayekh and Asgarian (2019) used construct validity to measure validity and Cronbach's alpha coefficient to measure reliability, which was obtained above 0.7 (7). The content of ACT intervention focusing on self-compassion was based on instructions (20, 32), which was prepared in Iran by Ismaili et al. (2018) and after its Persian translation and adaptation to cultural conditions, was prepared and executed. Content validity was also confirmed by a survey of three psychologists familiar with third-wave therapies (29). Data were analyzed using repeated-measures analysis of variance and SPSS-25 statistical analysis software.

Results

The mean and standard deviation of the age of the par-

ticipants in the experimental group was 33.94 and 6.05 years, respectively, and in the control group were 33.32 and 6.13 years, respectively. Participants in the experimental group consisted of 12 females and six males, including 11 and seven females in the control group, respectively.

Analysis of variance with repeated measurements has assumptions. Shapiro-Wilk was used to evaluate the normality of data distribution, which was not significant at the level of 0.05, which indicates the normality of data distribution. The assumption is the homogeneity of the error variances. Also, the assumption of homogeneity of the covariance matrix of dependent variables was established at the level of 0.05. In the results of the Mauchly's sphericity test, the value of the chi-square of definitive thinking was not significant at the level of 0.05, indicating the establishment of the assumption of sphericity. In the positive thinking variable, the chi-square value related to the positive self-assessment component was significant at the level of 0.01, indicating that the sphericity assumption for that component is not established. Therefore, the corresponding degrees of freedom were modified using the Greenhouse–Geisser correction.

The results of repeated measures analysis of variance in explaining the effect of cognitive therapy based on acceptance and commitment by focusing on self-compassion on the components and the total score of deterministic thinking showed that the interaction effect of time group for the component of general certainty, certainty in interaction with others, social well-being absolutism, determinism in predicting the future, determinism in adverse events and the total score of deterministic thinking are significant at the level of 0.01. The results of the Bonferroni post hoc test showed that deterministic thinking changes due to the implementation of the independent variable after the end of the treatment period are still present.

Also, the results of repeated measures analysis of variance to explain the effect of cognitive therapy based on acceptance and commitment by focusing on self-compassion on the components and the total score of positive thinking showed that the interaction effect of time group for daily positive function components, positive self-assessment, self-evaluation (Self-confidence), and the total score of positive thinking at the level of 0.01 is significant. The Bonferroni post hoc test results indicated that the changes after the end of the treatment period remain.

Conclusion

This study aimed to evaluate the effectiveness of cognitive therapy based on acceptance and commitment with a focus on self-compassion in deterministic and positive thinking. The results showed that cognitive therapy based on acceptance and commitment with a focus on self-compassion is effective on deterministic thinking and positive thinking in the experimental group and is stable in the follow-up period.

The results may have been based on self-awareness of cognitive errors, acceptance, and correction of defective cognitive contexts. In addition, heterogeneity allows clients to act on values. Accepting and observing thoughts motivates the use of efficient thoughts and behaviors to achieve a meaningful and purposeful life and the opportunity to communicate more sincerely. Teaching how the brain develops and the formation of emotions and reactions leads couples not to blame and judge unpleasant inner experiences and accept responsibility for change.

On the other hand, the positive thinking index effectively relates to our perception and attitude towards ourselves, others, and the future. It seems that mindfulness and stress reduction caused by interventions by providing the possibility of positive re-evaluation and facilitating the achievement of different solutions affect the level of positive thinking and optimism in various fields, especially

marital satisfaction.

From the results of the present study and research evidence, it can be concluded that the present intervention may affect the present intervention on the one hand, by affecting the structure of destructive and defective attitudes and mental patterns, On the other hand, by strengthening the positive thinking dimensions to have significant and lasting effectiveness.

Ethical Considerations

Compliance with ethical guidelines

The subjects received the necessary information in the field of research to comply with the ethical principles of research. Subjects were assured that all their information would be kept confidential and destroyed at the end of the study. Conscious consent was obtained from all subjects. Finally, the interventions were performed intensively for the control group. The present article is based on the doctoral dissertation with the code of ethics IR.IAU.K.REC.1400.035.

Authors' contributions

The initial design, research stages, and article writing were done by Ashraf Mohammadi Farshi. Other respected authors were actively involved in completing the design and overseeing the implementation of the research, and writing process. Data analysis and explanation were performed with the participation of all authors.

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Conflict of interest

The present study has not found any conflict of interest for the authors.