

The effectiveness of acceptance and commitment group therapy on marital conflict and psychological capital of married women with type 2 diabetes

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Abstract

Psychological disorders are seen in more than a quarter of inpatients and are more common in diabetics than in the general population. This is while they are often not noticed and diagnosed by doctors or their psychological problems are inappropriately attributed to diseases with psycho-physical problems. The aim of this study was to investigate the effectiveness of group therapy based on acceptance and commitment to reduce marital conflict and increase the psychological capital of married women with type 2 diabetes. The research method is quasi-experimental with pre-test-post-test and the statistical population of the study is all married women with type 2 diabetes and marital conflicts who have been nominated for participation in this study according to the diagnosis of endocrinologist using blood sugar test. Using the available sampling method, 24 patients were selected as the study sample, of which twelve were in the experimental group and twelve were on the waiting list. The Kansas Marital Conflict Questionnaire and Lutans Psychological Assets were used to measure the variables. Subject information and questionnaire scores and data analysis were performed by SPSS software. According to statistical analysis, acceptance and commitment group therapy had an effective role in reducing marital conflict and increasing the psychological capital of married women with type 2 diabetes. Therefore, through group therapy based on acceptance and commitment, it can play a facilitating role in the treatment and mental health of patients with diabetes in reducing marital conflicts and increasing psychological capital.

Keywords: Acceptance and Commitment Based Therapy, Marital Conflict, Psychological Capitals

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Introduction

Type 2 diabetes mellitus (T2DM), which affects about 90% to 95% of people with diabetes, is a group of metabolic diseases that have the common feature of high blood sugar due to impaired insulin secretion, defects in its performance or both. This disease is one of the most common chronic diseases that with the change of lifestyle and reduced physical activity, its prevalence is increasing dramatically and it is estimated that by 2030 the number of people with it will reach more than 366 million. This disease has a relatively high prevalence in Iran.

In the etiology of type 2 diabetes, the role of environmental factors is prominent. Studies have also shown that complications are common in these patients, especially long-term complications such as heart, eye, and kidney, psychological, personal, family and social relationships. Treating all of these problems puts patients and the government at great direct and indirect cost. One of the most important complications is psychological disorders that have a negative impact on the patient's ability to perform and continue the recommended medical care. Psychological stress can initiate or exacerbate hyperglycemia by activating the hypothalamic-pituitary-adrenal axis. Although chronic diseases are associated with an increased prevalence of depression, it is three times more common in diabetics and the prevalence of depression is 63.3%. The usual emotional response at the beginning of a diagnosis is anxiety, but as the disease progresses, psychological disorders become more pronounced. Psychological disorders are seen in more than a quarter of inpatients and are more common in diabetics than in the general population, although they are often overlooked by doctors or diagnosed with psychological problems. Inadequacy is attributed to most illnesses of mental and physical problems. Most psychological problems are due to problems imposed by diabetes such as; Diet, low mobility and activity, invasive monitoring of blood sugar, daily insulin injection, chronic physical complications, hospitalization and shortening of life expectancy. Untreated mental health problems in the long run, except for certain disorders, can cause and exacerbate illness and other physical disorders. Also, reduce the effectiveness of treatment and be related to the survival and longevity of patients.

Due to the chronicity of chronic diseases, sometimes for various reasons, the likelihood of family conflicts between individuals increases. It is normal for a couple to have a disagreement or conflict. Due to the nature of couples' interaction, disagreements sometimes occur and as a result, couples feel anger, frustration and dissatisfaction with each other. Therefore, in marriage, it should be assumed that the occurrence of conflict is part of the marital relationship and cohabitation. Therefore, couples must learn to resolve their conflicts in order to be happy.

One of the family problems associated with chronic diseases is marital conflict. Diabetes has many negative psychological consequences, and one of the psychological consequences of most diseases, including diabetes, is marital conflict. This disease is not only the most important cause of cardiovascular disorders and blindness, but also plays a role in the development of sexual dysfunction and sleep quality and marital conflicts. Sometimes spouses complain that the other party is inherently bad and malicious, and in fact this causes problems and fights between them, but experts and family counselors believe that lack of information about communication skills Attachment styles, insufficient knowledge of the spouse's personality traits are among the factors that cause conflicts between spouses. Crises and problems are experiences that always motivate couples to explore their lives and values. The crisis, whether severe or mild, is shocking to the couple involved. They may respond with strength and courage, or they may respond with impotence and weakness. From the earliest days of the marital relationship, serious and frequent disagreements arise that, if left unresolved, can seriously threaten marital satisfaction and stability. In other words, one of the aspects of a marital system is the satisfaction that spouses feel and experience in their relationship.

Another issue that has come to the fore in recent decades is psychological capital. Psychological capital is rooted in positivist psychology and indicates that man should spend his intellectual energy on the positive aspects of his experience. According to Luthans theory (1999), in a wide-ranging analytical and explanatory process, psychological well-being is primarily influenced by individual factors and emphasizes the role of

psychological capital. Psychological capital actually goes back to the concept of (who you are) and (who you want to become) on a developmental basis. Psychological capital is defined as a state of positive psychological development or characteristics that include commitment and effort to succeed in challenging tasks (self-confidence / self-efficacy, positive attribution of present and future success (optimism), perseverance in the way of the goal and, if necessary, changing the path of achieving the goal to achieve success (hope) and resilience means perseverance in the face of difficulties and difficulties to achieve success.

Research has shown that the components of psychological capital are associated with a variety of functional variables in different situations, commitment and satisfaction, anxiety, the ability to cope with stress, happiness and well-being. Studies aimed at determining the role of psychological capital components for happiness, satisfaction and well-being in various dimensions have potentially aimed to provide the basis for improving the quality of human life. However, acceptance and commitment therapy interpret marital problems differently. Accordingly, the maintenance and spread of distress, conflict, and emotional distance between couples stems from a combination of control and empirical avoidance strategies in the marital relationship. Taking thoughts as reality, negative evaluations and acting on them helps maintain the couple's negative communication cycle.

Because type 2 diabetes is one of the most common chronic diseases that disrupts the normal flow of life and has important psychological consequences, addressing psychological issues is of particular importance. One of the most effective therapies in this field is acceptance and commitment therapy, which teaches couples to approach unwanted inner thoughts and feelings and physical states related to these dynamics and communication patterns. Thus, learning to consciously accept such thoughts and actions is practiced with couples in ways that continually target couples' emotional connection and intimacy. As couples begin to apply these skills and strategies, they become more inclined to approach previous avoidance situations and give them the opportunity to behave in ways that improve relationship satisfaction and increase interpersonal intimacy. Be. Approaching thoughts

and feelings related to past avoidance and acting in a way that is consistent with the values of the two-way relationship provides the opportunity for couples to establish a stronger relationship with each other. In recent years, many studies have supported the effectiveness of acceptance and commitment-based therapy in the field of marital issues. The results of a study by Peterson et al. (2009) showed that acceptance and commitment-based therapy increased the adjustment of disturbed couples and this improvement continued until the follow-up period.

The search for scientific sources shows that globally, and especially in Iran, little research has been done on the effectiveness of acceptance and commitment therapy among women with type 2 diabetes. Given the research conducted in the areas mentioned above and the great importance of these areas in the discussion of mental health and that diabetes as a factor that disrupts all individual and social areas, and given that so far a comprehensive study on effectiveness Has not been done, the present study is of great importance and necessity due to providing the necessary knowledge and understanding in this regard. Therefore, the aim of this study was to evaluate the effectiveness of group therapy based on acceptance and commitment to reduce marital conflict and increase the psychological capital of married women with type 2 diabetes.

Methods

The present study is applied in terms of purpose. This quasi-experimental study was performed using a pretest and posttest design with a waiting list. In this method, the experimental group is treated based on acceptance and commitment, and the second group is placed on a waiting list, and both groups respond to the pre-test and post-test at the same time. In this study, acceptance and commitment group therapy are independent variables and marital conflicts and psychological capital are dependent variables. The study population in this study includes all married female patients with type 2 diabetes aged 30 to 50 years who in 1398 referred to health centers to control blood sugar. In this study, from the volunteers who had the conditions to participate in the study based

on the inclusion criteria, 24 available samples were selected and randomly divided into two experimental groups and a waiting list. Participants in the experimental group received acceptance and commitment treatment. Kansas Marital Conflict Scale (KMCS): This questionnaire consists of 27 questions and is used to measure marital conflict. For "never", "rarely", "sometimes" and "almost always" answers, scores of 1, 2, 3 and 4 are considered, respectively. The scores for each of the individual steps are simply obtained by adding the scores of the individual items. Articles 5, 7, 9 and 11 are scored in reverse: never: 1, rarely: 2, sometimes: 3, almost always: 4. Also, in Article 16, all options are scored in reverse except for respect for you. Questions 18-20-21-22-23 are also scored in reverse: never: 4, rarely: 3, sometimes: 2, almost always: 1. Add your scores from the above 27 phrases. The minimum possible score will be 27 and the on the inclusion. The higher the score, the lower the marital conflict. Score between 27 and 54: Marital conflict is strong. Score between 54 and 67: Marital conflict is moderate. Scores above 67 have poor marital conflict. The Kansas Marital Conflict Scale has excellent internal consistency with alpha of 0.91 to 0.95 for men at all stages and alpha of 0.88 to 0.95 for women. Scale stability is also very good with 6-month retest correlations for three stages, ranging from 0.64 to 0.96. Lutans Psychological Capital Scale (PCQ): This questionnaire has 24 questions and 4 components of hope, resilience, optimism and self-efficacy.

Strongly disagree, disagree, somewhat disagree, somewhat agree, agree, strongly agree answers receive a score of 1 to 6, respectively, and a minimum score of 20 and a maximum of 120. A score between 24 and 40 indicates a low level of psychological capital, a score between 40 and 80 indicates a moderate psychological capital, and a score above 80 indicates a high level of psychological capital. The reliability coefficient of this test was reported to be 0.89 by Cronbach's alpha method. The reliability of this test in Nisi, Arshadi and Rahimi (2011) using Cronbach's alpha method has been reported to be 0.89.

Research method

After selecting the participants and randomly assigning them to two groups (12 people in the experimental group, 12 people in the control group), first the purpose of the research was explained to them and they were asked to answer the questionnaire questions honestly. Participants were assured that the questionnaires would be analyzed confidentially. After pre-test for both groups, the intervention (9 sessions, 90 minutes) was performed for the experimental group and the control group (waiting list) did not receive any intervention. At the end of the sessions, post-test was taken again from both groups. A summary of group therapy sessions with the acceptance and commitment approach based on the Timurid study of optimism (2016) is given in Table 1.

Table 1. Structure of meetings based on acceptance and commitment

Description	Meetings
Familiarity of group members with each other and introduction of norms and principles governing group counseling, introduction of the group and the number of meetings and commitment based on confidentiality	1 st
Creating motivation, general measurement and measuring control methods, creating creative helplessness	2 nd
Examining the inside and outside world of act therapy, creating a tendency to leave dysfunctional programs, changing and understanding that control is a problem, not a solution, introducing an alternative to control called desire	3 rd
Identify the values of individuals, specify values, specify goals, specify actions, specify obstacles	4 th
Examining the values of each person, deepening previous concepts	5 th
Understanding fusion and faulting, doing exercises for faulting	6 th
Understanding self-conceptualized fusion, teaching how to fault	7 th
Mindfulness, the emphasis on being in the present	8 th
Examine the story of life and committed action	9 th

Results

The mean and standard deviation of age of the study participants in the experimental and control groups were 31.40 56 4.56 and 33.07 41 5.41 years, respectively. In the experimental group, 6.7% of the participants had a diploma, 20% had a master's degree, 66.7% had a bachelor's degree and 6.7% had a master's degree. In the control group, 20% had a diploma, 13.3% had a master's degree, 60% had a bachelor's degree and 6.7% had a master's

degree. 46.7% of the participants in the experimental group have one child, 46.7% have two children and 6.7% have three children and in the control group 33.3% have one child, 40% have two children and 7.7%. 6% had three children. Also, 73.3% of women in the experimental group were housewives and 26.7% were employed, and in the control group, 86.7% were housewives and 13.3% were employed (Table 2).

Table 2. Demographic information related to the experimental and control group

Job		Number of children			Education rate			Age			Groups	
Employed	Housewife	Three children	Two children	A child	MA	Bachelor	Associate degree	Diploma	SD	Mean	No.	
26/7	73/3	6/7	46/7	46/7	6/7	66/7	20	6/7	4/56	31/40	12	Experiment
13/3	86/7	6/7	40	33/3	6/7	60	13/3	20	5/41	33/07	12	Control

Other data show that 83.33% of the participants in the experimental group had a consanguineous marriage and the rest had a consanguineous marriage. The mean duration of marriage in the experimental group was 12.16. 4.19 years and the duration of diabetes in them was 8.66 ± 5.5 years. In the control group, 75% had consanguineous marriages and the rest had non-consanguineous marriages. The mean duration of marriage in the control group was 9.25. 2.98 years and the duration

of diabetes in them was 7.83 ± 3.12 years. In the present study, two variables of marital conflict and psychological capital in the experimental and control groups were examined and the mean and standard deviation of the above two variables are presented in Table 3. The results of the above table show that the duration of marriage in the experimental group is 12.16 years and in the waiting list is 9.25 years.

Table 3. Mean and standard deviation of marital conflict and psychological capital of experimental and control groups in pre-test post-test

SEM	Mean	Test type	Groups	Variable
10/35	61/91	Pre-test	Experiment group	Marital Conflict
7/38	47/16	Post-test		
6/17	68/08	Pre-test	Waiting list	
8/30	67/75	Post-test		
4/45	62/25	Pre-test	Experiment group	Psychological capital
9/22	97/91	Post-test		
5/10	59/08	Pre-test	Control group	
3/72	58/75	Post-test		

In order to examine the research data, analysis of covariance was used. For this purpose, first the assumptions of using the analysis of covariance test were examined. Shapiro-Wilk test and Leven test were used to investigate the assumptions of normality of data distribution and homogeneity of variance. The results of Shapiro-Wilk test were not significant for any of the research variables ($P > 0.05$), so it can be concluded that the research

variables have a normal distribution. Also, the results of Loon test show that the variance of all research variables is equal between the two groups and there is no significant difference with each other ($P > 0.05$), and the assumption of equality of variances is accepted. The results of the default homogeneity study of regression slope are presented in Table 4

Table 4. Results of the same test of the slope of the regression line of marital conflict and psychological capital

Significance	F	Average of squares	df	Total squares	Variable
0/74	0/108	6/97	1	6/97	Marital Conflict
0/291	0/398	23/47	1	23/47	Psychological capital

The results of Table 4 show that the same assumption of regression line slope is the same for both groups in the dependent variables ($P < 0.05$). Finally, the results of the assumptions of

covariance analysis show that the use of multivariate analysis of covariance is unobstructed. The results of Wilkes's Lambda test to determine the effect of group variables on psychological capital are given in Table 5.

Table 5. Results of Wilkes Lambda test to determine the effect of group variable on psychological capital

Significance	Degree of error freedom	Degree of Hypothesis Freedom	F	Value	Tests
0/001	15	4	63/48	0/944	Pilay effect
0/001	15	4	63/48	0/056	Lambda Wickels
0/001	15	4	63/48	16/92	Hotling effect
0/001	15	4	63/48	16/92	The largest root on

The results of Wilkes's Lambda test show that the overall effect of the group is significant ($p < 0.05$, $f = 63.48$). Therefore, there is a significant difference between the two groups in at least one of the research variables. In order to determine in which

groups and which variables this general effect exists, the results of multivariate analysis of covariance as well as the results of the mean of the modified post-test scores are presented in the following tables, respectively.

Table 6. The results of multivariate analysis of covariance related to the two experimental groups and the waiting list in the psychological capital variable

Eta squared	Significance	F	Average of squares	df	Total squares	Source of changes	
0/55	0/003	22/60	578/57	1	578/57	Group	Hope

			25/59	18	460/76	Error	
0/63	0/001	31/37	323/57	1	323/57	Group	Resilience
			31/37	18	185/63	Error	
0/57	0/002	23/86	142/38	1	142/38	Group	Optimism
			23/86	18	107/39	Error	
0/61	0/001	234/19	1357/08	1	1357/08	Group	Efficacy
			234/19	18	104/30	Error	
0/72	0/001	174/37	8246/94	1	8246/94	Group	The total score of psychological capital
			174/37	18	851/30	Error	

The results of Table 6 show that after controlling the effect of pre-test, the difference between pre-test-post-test scores of the two groups is significant for the psychological capital variable (72% = ETA square, $p < 0.05$, $F = 174/37$). Also, the mean score of the experimental group in all components of psychological capital was significantly higher than the control group. This finding indicates that acceptance and commitment group therapy has significantly increased psychological capital among married women with type 2 diabetes in the experimental group compared to the control group.

Discussion

The aim of this study was to evaluate the effectiveness of group therapy based on acceptance and commitment on reducing marital conflict and increasing the psychological capital of married women with type 2 diabetes. The results of this study showed that there is a significant difference between the pre-test and post-test scores of the experimental group and the waiting list in terms of effectiveness in reducing marital conflict and increasing the psychological capital of married women with type 2 diabetes. Based on the results obtained from the statistical analysis of research data, group therapy based on acceptance and commitment was able to significantly reduce marital conflicts in married women with type 2 diabetes in the experimental group compared to the waiting list group. These results are consistent with the findings of similar research in this field; Consistent with the results of the present study, Kavousian, Harifi and Karimi (2016) in their

research showed the effectiveness of the method based on acceptance and commitment on marital satisfaction of couples. There is a significant difference between resolving conflict and ideal distortion. The main purpose of this type of treatment is to help the couple become aware of their cognitive processes and emotional reactions, whether alone or in a two-person relationship, and to clarify the values that have kept their relationship together. Commit to acting in ways that consistently fit those goals, even in the presence of unwanted thoughts and feelings. Proper recognition of emotions is an integral part of interpersonal relationships, especially marital relationships. Failure to recognize emotions can lead to many problems in interpersonal relationships. For example, socializing and building intimate relationships with others requires the ability to recognize one's own and others' emotions. Also, in the approach of acceptance and commitment, an effort is made to experience the emotions as they really are, and this makes the person realize the depth of his emotions and feelings, correctly identify them, and seek to understand and express them correctly and healthily. They are the result, and when a person recognizes and cognitively manages his emotions in a healthy way with the help of acceptance and commitment approach, he has achieved better emotional management. Acceptance and commitment therapy have a great impact on couples coping strategies. Therapeutic acceptance and commitment encourage people to accept thought processes as a real function of

psychological adjustment, thus reducing negative cognitive schemas in individuals. Act enables people to manage difficult and critical situations more effectively. Also, treatment based on acceptance and commitment can increase the strong and social environment of the family in couples and cause a better quality of life.

As a result, it can be said that act therapy encourages women to connect with and be attracted to the real values of their lives. Act therapy helps women to imagine a more rewarding life despite unpleasant thoughts and feelings, and this mindset leads to a reduction in marital problems such as marital conflicts. In commitment and acceptance therapy, women are directed to separate themselves from their thoughts and emotions, which corrects negative cognitions such as depression and reduces marital conflict. In the treatment of act, avoiding experiences creates a harmful process. When a spouse gets into a marital conflict, he or she makes relentless and relentless efforts to get out of the situation. Act therapy targets these avoidances in order to create a fundamental reopening in order to experience rather than control or change negative assessments of marital conflict in one's life. Therefore, in the treatment of act, the woman not only has full experience of thoughts and emotions, but also allows her husband to have such an experience in order to reduce their burnout and marital conflicts.

Women with diabetes, given the physical and mental condition they develop due to diabetes, should avoid situations related to injury, rejection and conflict. Treatment based on acceptance and commitment to women, approaching unwanted inner thoughts and feelings. And teaches the physical state associated with these dynamics and communication patterns. It has been clearly shown that when a couple feels emotionally hurt or helpless, they turn to emotional distance, although emotional distance protects people and reduces the possibility of emotional distress in the future. ; But learning to control these thoughts, consciously accepting such thoughts, and practicing in ways that target couples' emotional connection and intimacy must be practiced. When couples begin to apply these skills and strategies, they become more willing and able to approach previous avoidance situations and are given the opportunity to behave in a way that improves relationship satisfaction and

interpersonal intimacy. Increase. Approaching thoughts and feelings related to previous avoidance and acting in a way that is consistent with the values of the two-way relationship provides an opportunity for couples to build a stronger relationship.

Acceptance and commitment-based therapy allows couples to change relationships with their inner experiences in the first place, reducing empirical avoidance, increasing flexibility, and increasing action in valuable ways. Changing relationships with inner experiences, including broadening and clarity. It is inner consciousness. In addition, it emphasizes strengthening a non-judgmental and compassionate relationship with experiences. It should be noted that self-immolation is a concept that is opposed to the judgment and criticism that most references to his thoughts and feelings. Therefore, correction and strengthening of heartburn is an important aspect of this treatment; In a way that reduces reactivity, fear and misplaced judgments. Ultimately, the goal of this treatment is to experience thoughts and feelings, as happens naturally.

Another result of the present study showed that acceptance and commitment-based treatment significantly improved the psychological capital of married women with type 2 diabetes in the experimental group compared to the waiting list. This finding is consistent with the Iranian electrical study of Zare and Abedin (2015) which showed that acceptance and commitment therapy is an effective treatment for improving psychological capital.

In their study, Farind et al. (2016) showed that using acceptance and commitment-based therapy, couples with emotional communication skills recognize their feelings well, understand the implications of their relationship with their spouse, and They express their emotional states more effectively to their spouse and show a more appropriate adjustment in relation to their spouse, and interpersonal leads to better communication between couples, resulting in happiness and hope, which is one of the most important components. Increases psychological capital. In this regard, the research of Mohammadi, Salehzadeh Abarghavi and Nasirian (2013) showed that encouraging people to identify their values and determine goals, actions, obstacles and ultimately their commitment

to take actions to achieve goals and move in the direction of their values. Despite the problems, while achieving the goals, the resulting happiness also leads to life satisfaction and prevents people from getting caught in a circle of negative thoughts and feelings, which in turn increases the severity of the problems; To liberate. This treatment method helps clients to act according to human values and improve their quality of life by improving their psychological capital. Psychological capital means that the person is fully in touch with the present moments and according to the requirements in which he is; His behaviors based on the values he has chosen; Changes or continues.

Since psychological capital is a set of components of hope, resilience, optimism and self-efficacy, on the other hand, improving and strengthening each of these components can in turn affect the quality of one's relationships with others. This can be more pronounced in a family environment that is full of complex relationships between its constituents, especially couples. Couples with communication skills can easily talk about their problems and conflicts and seek to resolve them, avoiding irrational and aggressive reactions. In other words, strengthening communication skills and increasing it can enable people to endure the hardships and adversities of personal life, especially marital life, and help them move towards a successful and satisfying relationship, and ultimately self-efficacy, self-confidence, Increase hope and happiness in the person.

Acceptance and Commitment Therapy helps people become aware of their emotions and cognitions through training and abandon their previous maladaptive strategies in order to achieve better and more consistent goals. The self-destructiveness he or she is experiencing that may lead him or her to hurt himself or herself and others and to resort to emotion-based solutions such as risky behaviors; Releases and improves psychological adjustment and promotes mental and social health. Acceptance and commitment therapy due to acceptance mechanisms, awareness raising, present presence, unobtrusive observation, committed action based on values and avoidance of empirical avoidance can equip clients with beliefs, behaviors and values that When unpleasant and threatening emotional well-being occurs, be aware of their emotions and have more control over them

and adjust to their constructiveness. Also, emotion regulation as a way to regulate emotions causes effective coping with stressful situations and increases activity in responding to stressful situations. In fact, people who participate in the acceptance and commitment therapy; Because they create values and meaning in their lives, they are less likely to be negatively affected by stressful situations and have a greater ability to regulate and manage their emotions.

In general, Act Therapists encourage clients to recognize, reduce the beneficial struggle with psychological content, and create a more receptive position so that they can move in a worthwhile direction. The results of research on the applications of Act have shown that interventions that reduce experiential avoidance (EA) and help individuals to recognize and commit to pursuing valuable goals are beneficial in improving various problems in life. Act teaches clients to end their anxiety-related discomfort and exercise control by engaging in activities that bring them closer to their chosen life goals (values). Instead of teaching more and better strategies for change by reducing unwanted thoughts and feelings, Act teaches clients the skills to become aware of and observe unpleasant thoughts and feelings as they are.

Conclusion

It can be concluded that group therapy based on acceptance and commitment approach can reduce marital conflicts and increase the psychological capital of married women with type 2 diabetes and bring it to a level of satisfaction, which of course according to the present study was performed on married women aged 30 to 50 years. Therefore, the use of this approach in other groups requires separate studies.

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Conflict of interest

In this study, no conflict of interest has been reported by the authors.

References

- Al-Akour, N., Khader, Y. S., & Shatnawi, N. J. (2010). Quality of life and associated factors among Jordanian adolescents with type I diabetes mellitus. *J Diabetes Complications*, 24(1), 43-47.
- Amanelahi A, Heydarianfar N, Khojastehmehr R, Imani M. Effectiveness of acceptance and commitment therapy (ACT) in the treatment of distressed couples. *Biannual Journal of Applied Counseling*. 2014;4(1):103-19.
- Amini M, Rezvani Zadeh A, Jelokhani Nakaraki R. Acceptance and Commitment Therapy on Depression and Marital Satisfaction in Pregnant Women. *Middle Eastern Journal of Disability Studies*. 2018 Apr 10;8:98.
- Amrelahi R, Roshan Chesly R, Shairi MR, Nik Azin A. Marital conflict, marital satisfaction, and sexual satisfaction: comparison of women with relative marriage and women with non-relative marriage. *Clinical Psychology and Personality*. 2013 Aug 23;11(1):11-22 .
- Arigo, D., Smyth, J. M., Haggerty, K., & Raggio, G. A. (2014). The social context of the relationship between glycemic control and depressive symptoms in type 2 diabetes. *Chronic Illness*, 9(4), 129-42.
- Asadpour E, Veisi S. The Effectiveness of Acceptance and Commitment Therapy on Marital Satisfaction, Sexual Self-Esteem and Burnout Marital among Women with Type 2 Diabetes. *J Arak Uni Med Sci*. 2019; 21 (7) :8-17
- Bahadorikhosroshahi J, Hashemi Nosrat Abad T, Babapur Kheyroddin J. The relationship between social capital and psychological well-being among the students of Tabriz University. *Social Cognition*. 2015 Jan 21;3(2):44-54 .
- Barghi Irani Z, Zare H, Abedin M. Effectiveness of acceptance and commitment-based therapy (ACT) on the psychological capital in patients with esophageal cancer. *Quarterly Journal of Health Psychology*. 2015 Jun 22;4(14):113-28 .
- Baron, R. A., Franklin, R. J., & Hmieleski, K. M. (2016). Why entrepreneurs often experience low, not high, levels of stress: The joint effects of selection and psychological capital. *Journal of management*, 42(3), 742-768.
- Batais, M. A., Schantter, P. (2016). Prevalence of unwillingness to use insulin therapy and its associated attitudes amongst patients with Type 2 diabetes in Saudi Arabia. *Prim Care Diabetes*, 10(6), 415-24.
- Das-Munshi, J., Stewart, R., Ismail, K., Bebbington, P. E., Jenkins, R., & Prince, M. J. (2007). Diabetes, common mental disorders, and disability: findings from the uk national psychiatric morbidity survey. *Psychosom Med*, 69(6), 543-50.
- Egede, L. E., & Dismuke, C. E. (2012). Serious psychological distress and diabetes: a review of the literature. *Current psychiatry reports*, 14(1), 15-22.
- Erez, A., Judge, T. A. (2001). Relationship of core self-evaluations to goal setting, motivation, and performance. *Journal of applied psychology*, 86(6), 1270.
- Field, T., Deeds, O., Diego, M., Hernandez-Reif, M., Gauler, A., Sullivan, S., ... & Nearing, G. (2009). Benefits of combining massage therapy with group interpersonal psychotherapy in prenatally depressed women. *Journal of bodywork and movement therapies*, 13(4), 297-303.
- Friend, S. B., Johnson, J. S., Luthans, F., & Sohi, R. S. (2016). Positive psychology in sales: Integrating psychological capital. *Journal of Marketing Theory and Practice*, 24(3), 306-327.
- Ghazi, A., Landerman, L. R., Lien, L. F. Colon-Emeric, C. S. (2013). Impact of race on the incidence of hypoglycemia in hospitalized older adults with type 2 diabetes. *Clinical Diabetes*, 31(2), 66 72.
- Goodarzi F, Soltani Z, Hoseini Seddigh M S, Hamdami M, Ghsemi Jobaneh R. Effects of Acceptance and Commitment Therapy on Emotion Regulation and Quality of Life of Mothers of Children with Intellectual Disability. *MEJDS*. 2017; 7 :22-22
- Hayes, S. C., Strosahl, K. D., Bunting, K., & Twohig, M. (2010). *Wilson. KG What is acceptance and commitment therapy. a practical guide to acceptance and commitment therapy*. New York.
- Iveniuk, J., Waite, L. J. Laumann, E., McClintock, M. K., Tiedt, A. D. (2014). Marital conflict in older couples: Positivity, personality, and health. *Journal of Marriage and Family*, 76(1), 130-44.
- Jones, L., Crabb, S., Turnbull, D., Oxlad, M. (2014). Barriers and facilitators to effective type 2 diabetes management in a rural context: A qualitative study with diabetic patients and health professionals. *J Health Psychol*, 19(3), 441-53.
- Kavousian J, Haniffi H, Karimi K. The Efficacy of Acceptance and Commitment Therapy (ACT) on Marital Satisfaction in Couples. *JHC*. 2017; 19 (1) :75-87
- Lou, P., Qin, Y., Zhang, P., Chen, P., Zhang, L., Chang, G. (2015). Association of sleep quality and quality of life in type 2 diabetes mellitus: A cross-sectional study in China. *Diabetes Res Clin Pract*, 107(1), 69-76.
- Luthans, F., Avey, J. B., Avolio, B. J., Peterson, S. J. (2010). The development and resulting performance impact of positive psychological capital. *Human Resource Development Quarterly*, 21(1), 41-67.
- Luthans, F., Avolio, B. J., Avey, J. B., Norman, S. M. (2007). Positive psychological capital: Measurement and relationship with

- performance and satisfaction. *Personnel psychology*, 60(3), 541-572.
- Mohammadi L, Salehzade Abarghoei M, Nasirian M. Effectiveness of Acceptance and Commitment Therapy on Cognitive Emotion Regulation in Men under Methadone Treatment. *JSSU*. 2015; 23 (9) :853-861
- Neisi A, Arshdi N, Rahemi A. The Casual Relationship of Psychological Capital with Positive Emotions, Psychological Well-being, job Performance and Job Engagement. *Journal of psychological achievements*. 2011 Jun 22;18(1):19-46 .
- Peterson, B. D., Eifert, G. H., Feingold, T., Davidson, S. (2009). Using Acceptance and Commitment Therapy to Treat Distressed Couples: A Case Study with Two Couples. *Cognitive and Behavioral Practices*, 16, 430-442.
- Peterson, S., & Byron, K. (2008). Exploring the role of hope in job performance: results from four studies. *Organism Behavior Human Performance*, 29(6), 785– 803.
- Pangma, R. Tayraukham, S. Nuangchalerm, P. (2009). Causal factors influencing adversity quotient of twelfth grade and third-year vocational students. *J Soc Sci*, 5(4), 466-70.
- Parsa M, Mohammadifar M. The effectiveness of acceptance and commitment group therapy to improving the quality of life in patients with multiple sclerosis. *Journal of Clinical Psychology*. 2018 May 22;10(1):21-8.
- Schmitz, N., Gariépy, G., Smith, K. J., Clyde, M., Malla, A., Boyer, R. (2014). Recurrent subthreshold depression in type 2 diabetes: an important risk factor for poor health outcomes. *Diabetes Care*, 37(4), 970-78.
- Sevil Hakimi, Masoumeh Simbar, Fahimeh Ramezani Tehrani. Concerns of menopausal women: a phenomenological study in North West Iran. *Payesh*. 2014; 13 (3) :321-330
- Shaw, J. E. Sicree, R. A. Zimmet, P. Z. (2010). Global estimates of the prevalence of diabetes for 2010 and 2030. *Diabetes Res Clin Pract*, 87(1), 4–14.
- Tu, K. M. Erath, S. A., El-Sheikh, M. (2016). Coping responses moderate prospective associations between marital conflict and youth adjustment. *Journal of Family Psychology*; 30(5), 523.
- Zhang, H., Spinrad, T. L., Eisenberg, N., Luo, Y., Wang, Z. (2017). Young adults' internet addiction: Prediction by the interaction of parental marital conflict and respiratory sinus arrhythmia. *International Journal of Psychophysiology*, 120, 148-56.