

Original Article

Efficacy of acceptance and commitment therapy on fear of intimacy and self-criticism in women working in Welfare Institute of KermanZahra Shahabi Nezhad^{1*}, Tayebeh Zandipor², Simin Hosseinian³*1. MA Student of Counseling, Department of Counseling, Faculty of Educational Sciences and Psychology, Alzahra University, Tehran, Iran**2. Associate Professor, Faculty of Educational Sciences and Psychology, AL Zahra University, Tehran, Iran**3. Associate Professor, Faculty of Educational Sciences and Psychology, AL Zahra University, Tehran, Iran***(Corresponding author: Zahra Shahabi Nezhad, MA Student of Counseling, Department of Counseling, Faculty of Educational Sciences and Psychology, Alzahra University, Tehran, Iran E-mail: z.shahabinejad@student.alzahra.ac.ir)*

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Abstract

Introduction: This research aimed to investigate the efficacy of Acceptance and Commitment Therapy (ACT) on fear of intimacy and self-criticism in women working in welfare Institute of Kerman City.

Methods: It was a quasi-experimental study including a pre-test, post-test, and one-month follow-up with a control group. Among all the working women in this institute, 50 women were recruited via convenience sampling method and were randomly put in experimental and control group. The experimental group received eight sessions of ACT, while the control group received no intervention.

Results: Our results showed that the self-criticism and the fear of intimacy were reduced in the experimental group after eight sessions of ACT. This finding was still significant in the one-month follow up.

Conclusion: The results showed that the ACT group training could be effective to reduce self-criticism and fear of intimacy.

Declaration of Interest: None.

Key words: Acceptance and commitment therapy (ACT), Fear of intimacy, Self-criticism, Working women.

Introduction

Couples' healthy relationship is a key factor that preserves family development. Intimacy and mutual aid to solve problems help couples to reach marital satisfaction (1). Intimate relationship, emotion expression and empathy are reported to be effective on life satisfaction and the barriers to the intimate relationship such as fear of intimacy, prevent achieving satisfaction in life (2-4). Fear of intimacy means the individuals' limited content for sharing their thoughts and emotions with a closed and important one which prevents couples from expressing their emotions (5). Findings of Descutner and Thelen (5) demonstrated that those who obtain high scores in fear of intimacy scale, experience various problems in intimate relationships.

Self-criticism is another factor that affect couples' intimacy. Self-criticism is recognized by its accompanied sever feelings of humiliation, sin, worthlessness, and failure in adjustment with expected criteria. Some studies have shown that self-criticism is a strong predictor of depression (6, 7). In addition, self-criticism is significantly correlated with maladjustments such as, low self-esteem and fear of intimacy (2).

Various types of interventions have been applied to improve intimacy and decrease self-criticism. For example, in one research Soltani, Molazadeh (8) showed that emotional focused therapy is an effective method to enhance intimacy in marital relationship. In another research, Farbod, Ghamari (9) showed that communication skills training are effective to enhance couples' intimacy and quality of life in women. Also, Bagby and

Rector (10) found that compared to medical therapy, cognitive therapy is more effective for decreasing self-criticism and dependency in depressed patients.

Another therapeutic approach that can be helpful in the family field is acceptance and commitment therapy (ACT). ACT is reported to be more effective than cognitive-behavioral therapy (CBT) in some fields (11).

In acceptance and commitment therapy, clients learn via metaphors, paradoxes, and experiential exercises to be aware of cognitive and emotional reactions in the marital and interpersonal relationships, to identify their values in marital relationship, and to commit to do activities consistent with their values (12). In other words, the main aim of ACT is to help individuals to become aware of their personal memories, thoughts and emotions without trying to fight with or flee from them (13-15).

Effectiveness of acceptance and commitment therapy has been proven in several researches in various fields. Arabnejad, Birashk (16) have reported the significant effect of ACT on marital conflicts reduction. Zarling, Lawrence (17) also found that ACT was successful in reducing aggression in spouses of their experimental group compared to the control ones.

Since high levels of self-criticism results in depression, ACT is expected to be helpful for depressed people. Neelarambam (18) has demonstrated that mindfulness has a positive effect on improving depression. Another study has shown that mindfulness based on ACT can be effective to reduce self-criticism (19).

To our knowledge, no studies have ever been performed to solve contradictions in the relationship between fear of intimacy and self-criticism, and efficacy of ACT techniques have not been previously examined on these two variables at the same time. Furthermore, compared to other well-known therapeutic approaches, there is a paucity of research regarding the effectiveness of ACT on marital relationship and there is an increasing need for more research in this field. Therefore, the present study aimed to examine the effectiveness of acceptance and commitment therapy on reduction of fear of intimacy and

self-criticism in women working in Welfare Institute of Kerman, Iran.

Methods

This study had a pretest-posttest and follow up design with a control group. Our sample consisted of 50 married women aged 25 to 45, working in the Welfare Institute of Kerman city in 2016.

Sampling in the selection stage was done voluntarily. Participants then were randomly assigned into the two experimental and control groups using flipping a coin. We conducted blinded-experiment and the participants were unaware of the experimental settings.

First, Fear of Intimacy Scale and Level of Self-Criticism Scale were distributed among 100 married women working at Welfare institute of Kerman city. After completing the scales, those with high scores who satisfied the inclusion criteria were identified. In this stage, 50 women remained and put randomly into the experimental and control group. The inclusion criteria included being literate and living with the husband in a family texture. The exclusion criteria were also being absent for two successive sessions, and not willing to continue the therapeutic process. The data were gathered through following tools:

Fear of Intimacy Scale (FIS): We used FIS to measure fear of intimacy. FIS, which has designed by Descutner and Thelen (5) is a 35-item scale that measures anxieties related to close relations. Its items are about the fears related to interacting with others or engaging in close and romantic relationships, especially fears related to self-disclosure. Correlation coefficient of participants' scores after four-week interval was $R=0.78$ that validates its high re-test reliability. In the current study, Cronbach's alpha of FIS was 0.85, which shows its high internal consistency.

Levels of Self-Criticism Scale (LOSC): LOSC has 24 items and has designed by Cramer and Thoms (6). LOSC assesses two level of self-criticism: internal self-criticism (10 items), and comparing self-criticism (12 items). In a study, Cronbach alpha of LOSC was 0.84 and 0.88 for comparing and internal

self-criticism, respectively (21). In this study, it was calculated 0.83.

The experimental group participated in 8 group-sessions of several integrated ACT

protocols (22-24). Each session lasted for 90 to 120 minutes. An experienced instructor in ACT educated the participants.

Table 1. Curriculum of each intervention session's content

Sessions	Summary of contents
First	Reviewing participants' problem history and assessing it, talking about the program aims; Explaining the philosophy of intervention based on acceptance and commitment therapy and its effects, signing a counseling contract for being present on time and doing assigned homework.
Second	Explaining the relationship between thoughts, feelings, and behaviors; guiding the participants toward creative hopelessness, explaining some points regarding the ACT, assigning homework.
Third	Introducing control (of undesirable thoughts and feelings) as the main problem, explain notes about willingness and acceptance, receiving feedbacks regarding the participants' characteristics, assigning homework.
Fourth	Explaining some notes regarding accepting undesirable thoughts and emotions, explaining regarding the behavioral commitment, giving several practices on awareness about body sensations and talking about them, performing non-formal mindfulness practices, assigning homework.
Fifth	Introducing Self as the context and diffusion by using various metaphors, explain diffusion, performing practices of diffusion as way to get free of negative and critical thoughts, assigning homework.
Sixth	Teaching about how to be present at now and performing the practices about tendency to experience thoughts and emotions, performing more mindfulness practices, practicing behavioral commitment, assigning homework.
Seventh	Introducing values and aims, performing the practices of values clarification, assigning homework.
Eighth	Talking about values obstacles and performing the practice of exploring the possibility of activities related to values, creating motivation, i.e., an activity toward a committed action with accepting mental experiences, summarizing and reviewing the mentioned issues, performing the pre-test.

Results

Multivariate analysis of covariance were used to test the efficacy of acceptance and commitment therapy on fear of intimacy and self-criticism. Firstly, we tested the pre-assumptions of the the multivariate analysis of covariance. We used kolmogrov-Smirnov test to check the normality of the data. The results

proved the normality of the all variables including acceptance and commitment, intimacy, and self-criticism ($p>0.05$). We also tested the equality of variance using levene test. As shown in table 2, the results proved the equality of variances in the control group and the experimental group ($p>0.05$).

Table 2. The results of equality of variances using Levene Test

Variables/Index	df	df	F	Pvalue
Acceptance and Commitment	1	48	0.979	0.327
Intimacy	1	48	2.36	0.131
Self-Criticism	1	48	1.582	0.215

The authors used the box's test to test the equality of covariance metrics and the results proved the equality of covariance metrics ($p>0.05$). In the next step of data analysis,

multivariate analysis of covariance used to test the efficacy of acceptance and commitment therapy on fear of intimacy and self-criticism.

Table 3. Results of multivariate analysis of covariance on mean scores of fear of intimacy and self-criticism

Variable	statistics	value	F	df1	df2	Pvalue
Groups differences	Pillai's trace	0.656	11.769	6	37	0.001
	Wilks' lambda	0.344	11.769	6	37	0.001
	Hotelling's trace	1.909	11.769	6	37	0.001
	Roy's largest root	0.656	11.769	6	37	0.001

The results of table 3 shows that there was a difference between control group and experimental group in the fear of intimacy and self-criticism after educational sessions ($p < 0.001$).

Conclusion

The aim of the present study was to investigate the effectiveness of acceptance and commitment therapy on reduction of fear of intimacy and self-criticism in working women. The findings confirmed effectiveness of this therapeutic approach in this field.

Peterson and Eifert (12) also performed ACT on anxious couples and found that cognitive isolation could improve fusion, as well as negative thoughts and its related feelings. The results of Vajda and Kiss (25) showed that mindfulness training, which is one technique in ACT, leads to stress reduction in marital relationship. The findings of Brown and Ryan (26) also showed that mindfulness contributes to romantic relationship factors including: positive affect, self-esteem, and marital satisfaction.

In explaining these findings, it can be said that heavy mass of work responsibilities of working women on the one hand, and home affairs and child-caring responsibilities on the other hand, may increase their fatigue as well as emotional and physical stress. This may prevent them from experiencing intimacy with their spouses, which probably heightens conflicts and brings about mental and affective problems. In fact, using strategies like avoiding, humiliating, blaming, and creating feeling of sin increases couples' affective distance. Acceptance and commitment therapy teaches individuals that in conflicting situations instead of engaging with cyclic inefficient interpretations, expand their

awareness realm and change their conscious direction from negative automatic thoughts to new aspects of afoot life and therefore, to have more intimate relations with their spouses and others.

The other finding of the present study was that acceptance and commitment therapy is effective in reducing self-criticism in working women. Luoma and Platt (19) also investigated the effectiveness of ACT on lessening of individuals' embarrassments, self-criticisms and self-stigmas.

Zuroff, Moskowitz (27) reported that self-critical adults had less intimacy and empathy with others and their satisfaction from relationships with others was lower. These findings represent that self-critical individuals make less intimate relations and try less to have close friendships, which may be attributed to their fear of rejection.

In explaining this finding it can be mentioned that work responsibilities as well as doing home affairs and taking care of children may exhaust working women and their progressive attempts to prove their competencies and better performance may cause them to sacrifice some of their marital commitments. This may afford working women to compare their live situations with others and to evaluate their achievements in personal lives as failures and it, in turn, can provide a platform for developing depression and anxiety. Acceptance and commitment therapy help these working women to experience permanent and non-judging relation in the present moment in family environment and to see their thoughts not as mere reality but as mental happenings that leads to reduction of cognitive fusion (28); therefore, their mental flexibility improved and their conflicts with their husbands were decreased.

One of the limitations of this study was that the sample was limited and it makes difficult to generalize the findings to other groups. Single-gender of the sample was another limitation and it should be mentioned that lack of husbands' involvements may affect the findings.

For future studies, we suggest to conduct acceptance and commitment therapy in more and longer sessions and also in different cultures. It is also recommended that besides performing questionnaires in the pre-test and post-test, apply diagnostic interview as an additional tool for measuring.

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